

Andrea Montes
Head of School

**THE LAUREL
SCHOOL**
350 Ninth Avenue
San Francisco, CA 94118
415-752-3567
Fax 415-752-6870

OFFICE USE ONLY	
Decision	
Mailed	
Response	
Reg Fee	
Start Date	

APPLICATION for ADMISSION

STUDENT'S NAME _____
Last First Middle

ADDRESS _____
Street # City State Zip

PHONE (_____) _____ - _____ DOB ____/____/____ PRIMARY LANGUAGE _____
MM/DD/YYYY

PRESENT GRADE _____ PRESENT SCHOOL _____

SCHOOL PHONE (_____) _____ - _____ ADDRESS _____

GRADE APPLYING FOR _____ HAS CHILD REPEATED A GRADE? (Select One) ___ YES or ___ NO

SCHOOL YEAR APPLYING FOR: 2005-2006 2006-2007 (Check One) ___ FALL or ___ SPRING

PARENT'S MARITAL STATUS (Select One): Married Separated Divorced Widowed Not Applicable

WHO DOES THE CHILD RESIDE WITH IF PARENTS ARE SEPARATED/DIVORCED? _____

SIBLINGS: Name: _____ Age: _____ School: _____

MOTHER'S NAME _____ OCCUPATION _____

BUSINESS NAME _____ WORK PHONE (_____) _____ - _____

BUSINESS ADDRESS _____
Street # City Zip

FATHER'S NAME _____ OCCUPATION _____

BUSINESS NAME _____ WORK PHONE (_____) _____ - _____

BUSINESS ADDRESS _____
Street # City Zip

REASON FOR SELECTING THE LAUREL SCHOOL:

PRIOR SCHOOL HISTORY (Please include school year & grade attended at each school):

HAS YOUR CHILD EVER BEEN TESTED BY AN EDUCATIONAL THERAPIST, EDUCATIONAL PSYCHOLOGIST, SPEECH & LANGUAGE PATHOLOGIST, OR LEARNING SPECIALIST?

IF YES, PLEASE LIST:

Please complete and return the Application Form along with your Admissions Checklist to The Laurel School. Once all materials have been received, please arrange with our Admissions Department an appointment for a Parent Tour/Interview. At this time we will arrange one or two days for your student to join the appropriate classroom in progress.

DATE Parent Signature

DATE Parent Signature



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About My Child

To be completed by one (or both) parent(s) / guardian(s).

Please use this entire space to describe how you see your child, as well as his / her strengths and weaknesses. This will help us to get to know your family better, as well as learning more in-depth about how you see your child's educational needs.

DATE

Parent Signature

DATE

Parent Signature

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Date Rec'd	
App Fee	
Tour Date	
In-School Date	

✓ ADMISSIONS CHECKLIST

Please gather the following items and return with this checklist.
The more complete the checklist is, the easier it will be for us to determine your child's educational needs. *The first three items are required.*

STUDENT'S NAME _____ GRADE APPLYING FOR _____

SCHOOL YEAR APPLYING FOR: 2007-2008 / 2008-2009 (Circle One) FALL or SPRING

MOTHER/GUARDIAN'S NAME _____

FATHER/GUARDIAN'S NAME _____

PREFERRED CONTACT # (_____) _____ - _____

For all Applicants:

- \$100 Non-Refundable Application Fee
- Completed "Application for Admission" Form
- Recent Photograph (within 1 year)
- Completed "About My Child" Form

In Addition, for Applicants of 2nd - 8th Grades, the following records must be submitted before your In School Visit takes place:

- Recommendation Letter from Teacher
- Most Recent Report Card
- Final Report Card From Previous Year
- CTBS or Equivalent Test from Current Year
- CTBS or Equivalent Test from Previous Year
- Psychological Educational Evaluation (if Applicable)
- _____



Dedicated to the Individual Potential of Each Child