

Telephone Number: _____

E-Mail Address: _____

Step-Parent
or Guardian: _____

Home Address: _____

Telephone Number: _____

Business Address: _____

Telephone Number: _____

Siblings: _____

Brother (s)/Ages: _____

Sister (s)/Ages: _____

Other Related Siblings: _____

Pediatrician/Family Physician: _____

Telephone Number: _____

School Presently Attending: _____

School District: _____

Address: _____

Comments about your child's learning experiences which might be helpful to the Admission
Office. _____

How did you hear about The Ellison School? _____

Parent Signature _____ Date _____

\$100.00 Application Fee Enclosed:

-----OFFICE USE ONLY:-----

Date application received:

Date of visit:

Admission Committee Decision: _____

Date:

enrollap.wpd