

17th & Benjamin Franklin Parkway Philadelphia, Pennsylvania 19103-1284 215.561.5900 phone / 215-864-2979 fax www.friends-select.org

## **Application for Admission**

A recent photo of the applicant is appreciated

				appropiated
				appreciated
Date this Form Completed:		<u></u>		
1. Applicant Information				
Application for Grade	For the school Year	20 to 20	Арр	licant's Date of Birth
Applicant's Name				
Applicant's Name (first)	(middle)	(last)		(suffix)
Preferred Name	,	,		Gender
i referred ivalife				Gender
Applicant's Current Address				Telephone
City		State		Zip Code
Country of Citizenship		Count	try of E	irth
Do you wish to identify the applicant as a member of any of the following groups? Please check all that apply.  African American, Black Multiracial American Multiracial American Multiracial American International International Mispanic, Latinx or Spanish Origin Native Hawaiian/Other Pacific Islander American I'd rather not say Middle Eastern American  If there is more you would like to share about your child's background, please do so here.				
Current School		Current Grade		Dates Attended
Preschool/Daycare* Public/Char	rter Independent/Pi		I 🔲 I	Homeschool None
* My child attends a preschool/daycare	program	days per week for		hours per day.
Address				Telephone
City		State		7in Codo
City		State		Zip Code
Name of Principal or Head of School				
Name of Former School				Dates Attended
Name of Former School				Dates Attended

## 3. Family Information

Parent/Guardian 1 Full Name		Relationship to Applicant		
Home Address (if Different from Applic	ant's)			
City	State	Zip Code	Telephone	
Email			Cell Phone	
Occupation and Job Title			Work Phone	
Employer				
Employer's Address				
High School			Location of School	
College			Degrees	
College			Degrees	
Parent/Guardian 2 Full Name			Relationship to Applicant	
Home Address (if Different from Applic	ant's)			
City	State	Zip Code	Telephone	
Email			Cell Phone	
Occupation and Job Title			Work Phone	
Employer				
Employer's Address				
High School			Location of School	
College			Degrees	
College			Degrees	
Parent(s)/Guardian(s) Marital Status: Please check one.  Married Domestic Partners Separated Divorced Never Married Father Deceased Date: Mother Deceased Date:  If divorced, separated or never married, please clarify custody and living arrangements below.				
Correspondence should be sent to:	Parent/0	Guardian 1 Parent/0	Guardian 2	

Family	<b>Information</b>	continued
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Please list other children living in applicant's house	hold.	None	
Name	School	Age	Grade
Name	School	Age	Grade
Please list relatives, including applicant's parents, who have attended Friends Select School, year graduated or years attended and relationship to the applicant. (Feel free to attach an additional page)			
Are there any relatives, including applicant's parent If yes, please list Meeting attended and relationship			s 🗌 No
4. Questions for Parents			
Please tell us about your child – socially, emotionally, and intellectually (Feel free to attach an additional page).			
Tell us about your child's activities and interests.			
Please comment on your child's home life, including any situations at home of which we should be awar	g relations with parents, siblings, or other m e.	embers of the househ	oold and describe

What kind of school	ol setting do you believe would be ideal for	your child?	
Please list all langu	ages spoken in the child's home.		
Why are you consi	dering Friends Select School?		
We are a curre	· —	ent referral	endation from current school
Other (please s	pecify):		
Please list other so	hools to which your child is applying.		
5. Financial	Δid		
Check if you w	rish to be considered for financial aid. De considered for financial aid:	024-25 school year must be completed by Ja	anuary 5. 2024, and is
av	ailable October 1, 2023 at: https://auth.cl		•
6. Application	n Fee		
	rough grade 12: \$65 fee for application for	ee, student visitation and assessment.	
International applic	ants: \$140 application fee.		
The application and	d fee must be submitted before the applica	ant's admission visit. The application fee is	not refundable.
	t contact me, I authorize Friends Select S	cess. Should my child require emergency n chool to act on my behalf and designate a c	
	nat all information gathered by the Admiss close this information for official purposes	sion Office will be treated as confidential. I a if necessary.	agree that the Directors of
Parent's or Guardia	an's Signature	Date	