

APPLICATION FOR ENROLLMENT

PLEASE NOTE: A \$75 application fee must accompany this form, check made payable to The Roeper School.
PLEASE PRINT OR TYPE.

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|--|---|--|---|---|
| TODAY'S DATE | LEVEL FOR WHICH YOU ARE APPLYING: (CIRCLE DAYS PREFERRED) | | LEVEL FOR WHICH YOU ARE APPLYING: | |
| MONTH & YEAR OF PROPOSED ENROLLMENT | STAGE I HALF DAY (2½ – 4 YEARS) <input type="checkbox"/> 5 DAYS AM (M-F) <input type="checkbox"/> 3 DAYS AM (M W F) <input type="checkbox"/> 2 DAYS AM (T TH) | | <input type="checkbox"/> LOWER SCHOOL <input type="checkbox"/> STAGE II <input type="checkbox"/> STAGE III <input type="checkbox"/> STAGE IV | |
| | STAGE I FULL-DAY (3 – 4 YEARS) <input type="checkbox"/> 5 DAYS M-F <input type="checkbox"/> 4 DAYS M T W TH F <input type="checkbox"/> 3 DAYS M T W TH F | | <input type="checkbox"/> MIDDLE/UPPER SCHOOL | |
| STUDENT'S FULL NAME | | IS YOUR CHILD POTTY-TRAINED? YES <input type="checkbox"/> NO <input type="checkbox"/> | | GRADE _____ |
| GENDER MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> | DATE OF BIRTH | | IS YOUR CHILD A U.S. CITIZEN? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| HAVE YOU PREVIOUSLY APPLIED TO ROEPER FOR THIS CHILD? | FOR ANOTHER CHILD? | THAT CHILD'S NAME | | YEAR OF HIS/HER APPLICATION |
| PARENT #1's or GUARDIAN's FULL NAME | | | E-MAIL ADDRESS | |
| PLEASE CIRCLE PREFERRED PHONE NUMBER FOR CONTACT | | | | |
| HOME | | BUSINESS | CELL/OTHER | |
| HOME ADDRESS (STREET ADDRESS, CITY, STATE, ZIP) | | | | |
| OCCUPATION | | EMPLOYER | | |
| BUSINESS ADDRESS (STREET ADDRESS, CITY, STATE, ZIP) | | | | |
| PARENT #2's or GUARDIAN's FULL NAME | | | E-MAIL ADDRESS | |
| PLEASE CIRCLE PREFERRED PHONE NUMBER FOR CONTACT | | | | |
| HOME | | BUSINESS | CELL/OTHER | |
| HOME ADDRESS — IF DIFFERENT FROM PARENT #1'S (STREET ADDRESS, CITY, STATE, ZIP) | | | | |
| OCCUPATION | | EMPLOYER | | |
| BUSINESS ADDRESS (STREET ADDRESS, CITY, STATE, ZIP) | | | | |
| PARENTS' MARITAL STATUS | | IF APPROPRIATE, INDICATE CUSTODIAL PARENT | | IF APPROPRIATE, PLEASE INDICATE |
| NEVER MARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | JOINT <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> | | MOTHER DECEASED <input type="checkbox"/> FATHER DECEASED <input type="checkbox"/> |
| SIBLING(S) | | BIRTHDATE(S) | SIBLING(S) | BIRTHDATE(S) |
| SCHOOL EXPERIENCE | | CURRENT GRADE CURRENT SCHOOL | | |
| SCHOOL ADDRESS (STREET ADDRESS, CITY, STATE, ZIP) | | | SCHOOL PHONE | |
| TEACHER'S NAME | | SCHOOL DISTRICT OF RESIDENCE | | |
| OTHER SCHOOL(S) ATTENDED | | GRADE | OTHER SCHOOL(S) ATTENDED | GRADE |
| | | | | |

FINANCIAL AID — PLEASE INDICATE IF YOU ARE APPLYING FOR FINANCIAL AID (NOT AVAILABLE FOR STAGE I) IF YES, PLEASE REQUEST FINANCIAL AID FORMS, OR YOU MAY DOWNLOAD THEM FROM <http://sss.nais.org>.

YES NO

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____