

THE BOSTON CHILDREN'S SCHOOL
EIGHT WHITTIER PLACE
BOSTON, MASSACHUSETTS 02114



- APPLICATION FOR ADMISSION -

Name of Child _____ Today's Date ___/___/___

Preferred Name: _____ Date of Birth: ___/___/___

Place of Birth: _____ Preferred Language: _____

Home Address: _____ City _____ State _____

Zip _____

Parent's Name:(1) _____ Occupation: _____

Home Address: _____

Business Address: _____ City _____ State _____

Home Telephone Number: _____ Cellular Telephone Number _____

Email Address _____

Parent's Name:(2) _____ Occupation: _____

Home Address: _____

Business Address: _____ City _____ State _____

Home Telephone Number: _____ Cellular Telephone Number _____

Email Address _____

SIBLINGS:

<u>NAME</u>	<u>SEX</u>	<u>DATE OF BIRTH</u>
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

Pediatrician's Name _____

Address: _____ City _____ State _____

Telephone Number _____

Person, other than parents, who may be contacted in case of an emergency.

Name _____ City _____ State _____

Telephone Number: _____

Address: _____ City _____ State _____

Zip Code _____ Relationship: _____

Identifying Characteristics: [Required by State Law]

Height _____ Weight _____ Color of Hair _____

Color of Eyes _____ Identifying Marks: _____

Allergies: _____

Special Comments: (Please Use Reverse Side If Necessary)

Please attach a Forty Dollar (\$40.00) Non-Refundable Application Fee. Please make your check payable to The Boston Children's School, Inc.

THANK YOU!

The Boston Children's School does not discriminate on the basis of race, religion, cultural heritage, political beliefs, marital status, disabilities, national origin or sexual orientation.

DO NOT WRITE BELOW THIS LINE - FOR ADMINISTRATIVE USE ONLY

DATE OF APPLICATION _____ ACADEMIC YEAR _____