



**CHARLES RIVER**  
SCHOOL

# APPLICATION

**APPLICATION FOR ADMISSION TO GRADE \_\_\_\_\_ FOR SEPTEMBER \_\_\_\_\_. DEADLINE FOR COMPLETION IS JANUARY 15.**

A non refundable application fee of \$50 must accompany this application.

APPLICANT'S FIRST NAME	MIDDLE	LAST	
PREFERRED NAME	GENDER (MALE/FEMALE)	TELEPHONE	
HOME ADDRESS/STREET	CITY	STATE	ZIP
BIRTH DATE (MO/DAY/YEAR)	PLACE OF BIRTH (CITY/STATE)	CITIZEN OF	
FAMILY'S NATION OF ORIGIN	PRIMARY LANGUAGE SPOKEN AT HOME		
CURRENT SCHOOL/ADDRESS	CITY	STATE	TELEPHONE

**Admissions Office Correspondence should be addressed to:**

NAME(S)	(PLEASE INDICATE MR., MRS., MS., DR., MR. AND MRS., ETC)	RELATIONSHIP	
ADDRESS/STREET	CITY	STATE	ZIP
SECOND ADDRESS, IF APPLICABLE:			
NAME(S)	(PLEASE INDICATE MR., MRS., MS., DR., MR. AND MRS., ETC)	RELATIONSHIP	
ADDRESS/STREET	CITY	STATE	ZIP

**Parent(s) or Guardian(s) Information**

- MR.  MRS.  MS
- DR.  MR. AND MRS.  \_\_\_\_

PARENT/GUARDIAN #1	NAME IN FULL	EMAIL
OCCUPATION/POSITION		EMPLOYER'S NAME
EMPLOYER'S ADDRESS		BUSINESS TELEPHONE
EDUCATION		
<ul style="list-style-type: none"> <li><input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS</li> <li><input type="checkbox"/> DR. <input type="checkbox"/> MR. AND MRS. <input type="checkbox"/> ____</li> </ul>		
PARENT/GUARDIAN #2	NAME IN FULL	EMAIL
OCCUPATION/POSITION		EMPLOYER'S NAME
EMPLOYER'S ADDRESS		BUSINESS TELEPHONE
EDUCATION		

**APPLICANT LIVES WITH: (CHECK ALL THAT APPLY)**

- FATHER(S)
- STEPFATHER
- MOTHER(S)
- STEPMOTHER
- OTHER \_\_\_\_\_

**PLEASE CHECK ANY THAT APPLY:**

- PARENTS ARE MARRIED
- FATHER IS DECEASED
- MOTHER IS DECEASED
- PARENTS ARE SEPARATED
- PARENTS ARE DIVORCED
- FATHER HAS CUSTODY
- MOTHER HAS CUSTODY
- JOINT CUSTODY
- SINGLE PARENT HOUSEHOLD

**PERSON FINANCIALLY RESPONSIBLE FOR APPLICANT IF OTHER THAN PARENT**

NAME, ADDRESS AND TELEPHONE IF NOT GIVEN ELSEWHERE

**WOULD YOU LIKE TO RECEIVE INFORMATION ABOUT FINANCIAL AID?**     YES     NO    DEADLINE FOR FINANCIAL AID APPLICATION IS FEBRUARY 1

**Other Applicant Information**

**HOW WOULD YOU DESCRIBE THE APPLICANT'S BACKGROUND? (OPTIONAL - FOR STATISTICAL PURPOSES ONLY)**

- AFRICAN/AFRICAN-AMERICAN/BLACK                       CAUCASIAN/WHITE                       HISPANIC/LATINO                       ASIAN/ASIAN AMERICAN/PACIFIC ISLANDER
- NATIVE AMERICAN                       MIDDLE EASTERN                       MULTI-RACIAL (PLEASE SPECIFY) \_\_\_\_\_                       OTHER (PLEASE SPECIFY) \_\_\_\_\_

**PREVIOUS SCHOOLS APPLICANT attended (BEGINNING WITH MOST RECENT)**

NAME	ADDRESS	GRADES	DATES

**WHICH GRADES, IF ANY, HAS THE APPLICANT SKIPPED OR REPEATED?**

PLEASE EXPLAIN

**SIBLINGS OF APPLICANT**

NAME	SCHOOL ATTENDING	GRADE

**CONNECTION TO CHARLES RIVER SCHOOL, IF ANY:**

STUDENT/ALUMNI NAME	RELATIONSHIP	YEARS ATTENDED

HAVE YOU PREVIOUSLY APPLIED TO CHARLES RIVER SCHOOL?

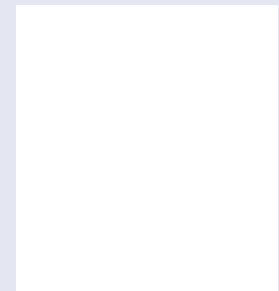
HOW DID YOU LEARN ABOUT CHARLES RIVER SCHOOL?

**WE/I HEREBY APPLY FOR A PLACE AT THE CHARLES RIVER SCHOOL FOR OUR/MY SON/DAUGHTER \_\_\_\_\_ FOR GRADE \_\_\_\_\_ FOR THE SCHOOL YEAR BEGINNING IN SEPTEMBER 20\_\_\_\_. THE UNDERSIGNED AFFIRMS THAT THE INFORMATION FURNISHED ON THIS APPLICATION, TOGETHER WITH ALL OTHER INFORMATION AND MATERIALS RECEIVED BY CHARLES RIVER SCHOOL FROM ANY REQUIRED SOURCE, SHALL BE COMPLETELY CONFIDENTIAL TO THE EXTENT PERMITTED BY LAW AND ARE NOT AVAILABLE TO THE APPLICANT OR FAMILY. WE/I UNDERSTAND THAT INCOMPLETE INFORMATION, THE WITHHOLDING OF INFORMATION, OR INCORRECT INFORMATION MAY DISQUALIFY THE STUDENT FOR ADMISSION OR MAY LATER BE USED FOR THE STUDENT'S WITHDRAWAL OR DISMISSAL.**

SIGNATURE OF PARENT OR GUARDIAN

DATE

**PLEASE ATTACH A SMALL PHOTOGRAPH OF THE APPLICANT IN THE SPACE PROVIDED**



**THE CHARLES RIVER SCHOOL VALUES ITS RICH DIVERSITY AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, AGE, DISABILITY, NATIONAL ORIGIN, FAMILY STRUCTURE, SEXUAL ORIENTATION, OR OTHER CONDITION PROTECTED BY FEDERAL OR LOCAL LAW.**