

Ron McClain, Head 4842 Sixteenth Street, N.W. Washington, DC 20011 202/726-0740 Fax 202/726-0748

Please print application (or type responses here, then print) and fax to: (202) 726-0748 or mail to Parkmont School Admissions Office

ADMISSIONS APPLICATION

Month and year for which application is made: ______Applying for Grade: _____

For this application to be considered, please check to see that you have:

- 1. Asked **two people to send a recommendation** for the applicant to Parkmont.
- 2. Included any recent educational or psychological testing that has been done.
- 3. Sent **transcripts** from the student's current school.

Please return this form and fee prior to student's visit to the school.

Applicant's Name:	
Applicant's Social Security Number:	
Applicant's Address:	
Zip Code: Home Telep	phone:
Age: Date of Birth:	Place of birth:
Citizenship:	
Applicant lives with:	RELATIONSHIP TO STUDENT
FAMILY INFORMATION:	
Parent/Guardian 1	Parent/Guardian 2
Full Name:	Full Name:
Mobile Phone:	Mobile Phone:
Home Phone:	Home Phone:
Address (if different from applicant):	Address (if different from applicant):
Occupation:	Occupation:
Employer:	Employer:
Business Phone:	
Email:	
Applicant's Brothers/Sisters	Age School Attending

APPLICANT'S CURRENT SCHO	JOL:			
SCHOOL	CITY & STATE		DATES ATTENDED	GRADES
Name of Former Schools:				
SCHOOL	CITY & STATE		DATES ATTENDED	GRADES
SCHOOL	CITY & STATE		DATES ATTENDED	GRADES
APPLICANT'S SCHOOL EXPER	RIENCE			
How would you describe your	child's attitude toward school and	academic pursuits?		
What advantages do you feel P	arkmont could offer your child?			
What, if anything, in your child?	s previous schooling dissatisfied y	ou or your child?		
Does vour child have any speci	al needs, learning difficulties or ot	her challenges? If so, pleas	e explain	
boes your erma nave any speen	arriceas, rearring annearties of oc	ner enamengest ii so, pieas	Сехрішії	
What are some of your shild's a	ctivities or interests outside of sch	0012		
what are some or your child's a	ctivities of interests outside of scri	ooi:		

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Parent/Guardian's Signature: _____ Date: _____