

2010/2011 School Year Application for Admissions



Welcome to **Fountain Day School (FDS)**

Below you will find procedures for registering your child. These steps are to be followed and completed by parents or guardians who have concluded that FDS is the appropriate environment for their child.

Admission Procedure

Please complete our application for admission (one application form per family). Kindly ensure that the enclosed forms and documentation requirements are read, completed and submitted (where applicable).

Our application fee is \$125.00; please attach a check or money order to your completed application. This fee is non-refundable. Depending on our enrollment availability you may be put on a waiting list. The filling out of an application and acceptance of a fee does not guarantee enrollment. All information is held in the strictest confidence. If and when spaces become available, enrollment may be offered during the year. You will be contacted if your family is selected for enrollment.

We are interested in enrolling: (check all that apply):

- Immediately, next available space
- September Session

STUDENT INFORMATION **Date** _____

Last Name _____ First Name _____

Middle Name _____ Preferred Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____

Date of Birth _____ Child's Age at time of application _____

Sex Male () Female () Citizenship _____

Place of Birth _____ Child's SS# _____

Other Languages Spoken _____

Name of Previous School(s) _____

Name of Teacher _____ School Tel # _____

FAMILY INFORMATION

Parent/Guardian 1 (with whom the child resides) Relation _____

Last Name _____ First Name _____

Occupation _____ SS# _____

Employer _____

Employer Address _____

Home Phone # _____ Cell # _____

Work # _____ Email Hm _____

Email Office _____

Parent/Guardian 2

Name _____ Relation _____

Address if different from child

Occupation _____ SS# _____

Employer _____

Employer Address _____

Home Phone # _____ Cell # _____

Work # _____ Email Hm _____

Email Office _____

Sibling Information

1) Name _____ School _____ Age ____ Grade ____

2) Name _____ School _____ Age ____ Grade ____

Health Information:

Family Health Plan Provider _____

Health Care # _____

Phone # _____

Plan is provided by which parent

() Father () Mother () Both Other: _____

Does your child have any special needs that we should be aware of? _____

If yes, please explain how we can be of support. _____

Are there any support organizations that will be involved with your child's development?

Frank Lanterman Regional Center () West Side Regional Center ()

Other _____

We would appreciate it if you would please include a photo of your family with the application.

Photo Enclosed Sorry, we would prefer not to

SECURITY PASSWORD

All information is kept confidential. Please specify a password which will be used when necessary to verify your identity over the telephone.

PASSWORD _____

We are appreciative of your interest in Fountain Day School; please answer the following questions so that we may better understand your needs.

1) How did you hear about Fountain Day School?

2) Which other schools have you considered as possibilities? _____

3) Please indicate the criteria that influenced your decision to apply to Fountain Day School.

4) What kind of participation in school activities do you feel comfortable sharing?

Fundraising

Parent Committee

Scholarships

I am sorry I am too busy at this time, but keep up the good work

Other _____