

SECTION TO BE COMPLETED BY THE PARENT/GUARDIAN

How would you best characterize your child? _____

Through what kind of activities does your child experience the greatest pleasure and sense of accomplishment?
On the flip side, what kinds of activities cause your child stress, tension or discomfort?

Please list your child's activities (sports, music, extracurricular) and the time invested weekly:

How did you first learn about The Pennfield School? Please be as specific as possible.

How will your child be a good match for The Pennfield School?

Has your child been seen by a physician or other professional for an evaluation, other than the standard medical physical? Yes No

If yes, please check appropriate box and forward a copy of the evaluation to the Admission Office.

- | | |
|---|---|
| <input type="checkbox"/> Speech/Language Development | <input type="checkbox"/> Neuro/Psychological Evaluation (i.e., ADHD, ADD) |
| <input type="checkbox"/> Emotional/Behavioral Development | <input type="checkbox"/> Physical Development |
| <input type="checkbox"/> Educational Evaluation | <input type="checkbox"/> Other |

Please provide a brief description of the evaluation.

Please share any information that will help us to better know your child.

PARENT OR GUARDIAN 1

FIRST MIDDLE LAST
 Home Address _____
 STREET CITY STATE ZIP
 Home Telephone () _____ Cell () _____
 Email Address _____ Fax () _____
 Secondary School _____ College _____ Graduate Degree _____
 Business or Profession _____ Title _____
 Business Name and Address _____
 Business Telephone () _____ Fax () _____

PARENT OR GUARDIAN 2

FIRST MIDDLE LAST
 Home Address _____
 STREET CITY STATE ZIP
 Home Telephone () _____ Cell () _____
 Email Address _____ Fax () _____
 Secondary School _____ College _____ Graduate Degree _____
 Business or Profession _____ Title _____
 Business Name and Address _____
 Business Telephone () _____ Fax () _____

If parents are separated or divorced, please check the appropriate boxes:

Child lives with: Parent 1 Parent 2 Other
 The School should send mail to: Parent 1 Parent 2 Both Parents

GRANDPARENTS 1

Home Address _____

GRANDPARENTS 2

Home Address _____

Requesting Financial Aid: Yes No

I understand that the information furnished on this application, together with all other information received by The Pennfield School from any required source, shall be completely confidential to the extent permitted by law and is not available to the applicant or family. I grant permission for The Pennfield School to talk to school personnel at applicant's current school.

Signature of Parent or Guardian Date

**Please send your application fee and application to: Admission Office
The Pennfield School, Little Slocum Farm, 110 Sandy Point Avenue, Portsmouth, RI 02871 | contact@pennfield.org**

The Pennfield School does not discriminate on the basis of age, gender, race, religious affiliation, non-disqualifying handicap, sexual orientation, family composition, ethnic or national origin, in the administration of its admissions, financial aid, educational policies, hiring or any of its school practices.