

The Pennfield School



Little Slocum Farm • 110 Sandy Point Avenue • Portsmouth • Rhode Island • 02871

Phone: 401.849.4646 • Fax 401.847.6720 • www.pennfield.org

Admission Application • Preschool (Age 3) – Grade 2

Please complete this form and return to the Admission Office with a non-refundable application fee of \$50 (\$100 for International Students) payable to: The Pennfield School.

APPLICANT INFORMATION

- Applying for:
- 5-Day Preschool (3 year-old program)
 - 5-Day Pre-Kindergarten (4 year-old program)
 - Kindergarten (5 year-old program)
 - Grade 1 Grade 2

Full Name _____ Birth Date _____ Age _____

Please check appropriate box: Male Female

Current School _____

School Address _____

School Telephone () _____ Fax () _____

How would you describe your child racially? (*optional*)

African American Asian Caucasian Hispanic Native American Other _____

Does your child carry dual citizenship? If yes, what countries? _____

What language does your child speak at home? _____

Has your child ever skipped or repeated a grade? Yes No

If yes, what grade and reason? _____

Sibling(s)	Age	School and Grade

Relatives currently or formerly associated with The Pennfield School. Relation to applicant.

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.