

APPLICATION FOR ADMISSION

PEACHTOWN ELEMENTARY SCHOOL

STUDENT INFORMATION

Name _____ Birthdate _____

Address _____

Pre-Schools and elementary schools previously attended and dates of attendance:

_____ from _____ to _____

_____ from _____ to _____

Highest grade level achieved (if applicable) _____

Names and ages of siblings:

_____ *name* _____ *age*

_____ *name* _____ *age*

_____ *name* _____ *age*

PARENT INFORMATION

Mother's name _____ *telephone* _____

Address _____

Employer _____ *telephone* _____

Father's name _____ *telephone* _____

Address _____

Employer _____ *Telephone* _____

PLEASE RETURN TO PEACHTOWN ELEMENTARY SCHOOL, P.O. BOX 178, AURORA, NY 13026

PLEASE PROVIDE THE FOLLOWING SUPPLEMENTARY INFORMATION:

Are there any stepparents or guardians you would like to have included as family members (please name):

Describe why you are interested in enrolling your child at Peachtown:

What are your educational goals for your child?

Will your child require any special services?

Will you need after school care?

Will you require busing or other transportation?

Are you willing to carpool with others in your area?