



APPLYING TO GRADE/PROGRAM _____

SCHOOL YEAR _____

Student's Name _____
Last First Middle Nickname

Home Address _____
Street City State Zip Code

Child's Social Security # _____ Telephone _____

Birth Date _____ City/Country of Birth _____ Male Female

Citizenship _____ Languages spoken at home _____

PLEASE LIST ALL THE SCHOOLS ATTENDED BY APPLICANT AND GIVE DATES:

CURRENT SCHOOL	ADDRESS	TELEPHONE	DATES
_____	_____	_____	_____

PREVIOUS SCHOOLS	ADDRESS	TELEPHONE	DATES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has applicant applied previously to Whitby School? Yes No If yes, when _____

NAMES OF APPLICANT'S SIBLINGS:

NAME	AGE	SCHOOL
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

First Parent or Guardian _____
Mr. Dr. First Middle Last Nickname

Home Address _____
(If different from child's) Street City State Zip Code

Telephone _____ Cell Phone _____

Nature of Business _____ Position _____

Employer _____

Business Address _____
Street City State Zip Code

Business Telephone _____

Parent's Education Public Private Montessori College _____

Preferred Email _____

Second Parent or Guardian _____
Mrs. Mr. Dr. First Middle Last Maiden

I prefer to use my maiden name on all lists and correspondence. Yes No

Home Address _____
(If different from child's) Street City State Zip Code

Telephone _____ Cell Phone _____

Nature of Business _____ Position _____

Employer _____

Business Address _____
Street City State Zip Code

Business Telephone _____

Parent's Education Public Private Montessori College _____

Preferred Email _____

Check all that apply Parents Divorced Mother Deceased Mother Remarried

Parents Separated Father Deceased Father Remarried

Child lives with both parents mother father other

Preferred name and address for billing if other than home _____

Paternal Grandparents _____

Street

City

State

Zip Code

Maternal Grandparents _____

Street

City

State

Zip Code

Would you like your child's Grandparents to receive school mailings? Yes No

Please state briefly why you want your child to attend Whitby? _____

Please describe your child's social adjustment at this time (i.e., separation for the young child, friendships for the older child, etc.)

How would you describe your child's learning style? Major strengths and weaknesses? _____

How did you hear about Whitby _____

Name and relationship of any friends/relatives/Whitby families who have recommended Whitby School:

Please list name and relationship of any relatives who have attended or are now attending Whitby School. Please include year of graduation or years of attendance.
