



Application for Admission

Westminster School

THIS FORM TO BE COMPLETED FOR NEW STUDENTS ONLY

Please provide the information below and return with application fee of \$100.00 per child.
(The application fee is non-refundable upon receipt.)

Date of Application _____

For School Year _____ - _____

Father's Full Name _____ Mr. Dr. Other _____
Last First M.I.

Father's Address _____

Father's telephone (h) _____ (w) _____ (cell) _____

e-mail address (optional): _____

Mother's Full Name _____ Mrs. Dr. Other _____
Last First M.I.

Mother's Address _____

Mother's telephone (h) _____ (w) _____ (cell) _____

e-mail address (optional): _____

Student's Name	Sex	Date of Birth	Applicant for Grade
_____	<input type="checkbox"/> M <input type="checkbox"/> F	____ - ____ - ____	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	____ - ____ - ____	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	____ - ____ - ____	_____

Last school(s) _____ Location(s) _____ Grade(s) _____

_____ Location(s) _____ Grade(s) _____

Are you willing to have the child/children tutored during spring/summer if necessary? Yes No

Are you fully aware of the non-profit tax status of the school and the equal admission policy for all races, religions, and ethnic groups? Yes No

Why are you interested in Westminster School? _____

How did you learn about Westminster School? _____

How well do you expect your child(ren) to adjust to a structured classroom environment for learning?

Readily With encouragement Comments (optional): _____

Transportation plan preferred: School bus Car Other _____

Parent(s) Signatures _____
Father Mother