

FOR OFFICE USE ONLY

Registration Fee _____

Date Received: _____

Date of Enrollment: _____

Photo of Applicant

The Crenshaw School

305 Beulah Road

Winter Garden FL 34787

Phone (407) 877-7412 Fax (407) 877-7657

Founded 1999

Mailing address: P. O. Box 1159, Windermere, FL 34786

APPLICATION FOR ADMISSION

(Please Print)

Last First Middle Student is called

Entering *The Crenshaw School* for grade _____, for the academic year 20 _____ - 20 _____

Male _____ Female _____ Date of Birth _____ Place of Birth _____

If a foreign citizen, will an I-20 Immigration Form be needed? _____ Yes _____ No

Social Security Number of student _____

Religious Preference (*for Holiday purposes*) _____

FAMILY PROFILE

(Please Print)

Student resides with: Mother and Father _____ Mother _____ Father _____ Guardian _____

Are parents separated or divorced? _____ If so, who has legal custody? _____

Father's Name _____ Mother's Name _____

Home Address _____ Home Address _____

City State Zip County City State Zip County
() ()

Telephone Telephone

Email: Email:

One Email address is required for access to Edline

FATHER

Occupation _____

Job Title _____

Name of Firm _____

Business Address _____

City State Zip

()

Telephone

MOTHER

Occupation _____

Job Title _____

Name of Firm _____

Business Address _____

City State Zip

()

Telephone

STUDENT'S BROTHERS AND / OR SISTERS:

Name Age Grade School

GRANDPARENTS (Paternal)

Name _____

Street _____

City _____ State _____ Zip _____

GRANDPARENTS (Maternal)

Name _____

Street _____

City _____ State _____ Zip _____

GENERAL INFORMATION

Parents often have clues to their child's behavior and performance which make school records and recommendations easier to understand. Please complete the following:

What special abilities does your child have, e.g., academic, athletic, artistic, musical?

How did you hear about *The Crenshaw School*? _____

What factors contributed to the decision to look for a new school?

Has your child ever repeated a grade? _____ Yes _____ No Which one? _____

Has your child ever skipped a grade? _____ Yes _____ No Which one? _____

Has applicant been suspended or asked to withdraw from any school for any reason? _____

If so, please explain on separate page.

School currently attending _____

School address _____
Street _____ City _____ State _____ Zip _____

() _____

Telephone

MEDICAL INFORMATION

Are there any existing physical or emotional conditions for which the child receives treatment? _____ Yes _____ No

If so, please state conditions:

I certify that the information given in this application is complete and accurate, and I understand to make false statements within this application may result in withdrawal of admission.

Parent Signature

Date