

## Sycamore School 2010-2011 Application for Admission

For office use  
BC:  
Placement:

- Date of application \_\_\_\_\_
- Student name: *First* \_\_\_\_\_ *Middle* \_\_\_\_\_ *Last* \_\_\_\_\_
- Student goes by \_\_\_\_\_ Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_
- Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_
- Home phone \_\_\_\_\_ Gender: (circle) *Male* *Female*
- Applicant is: (circle) *New* *Sibling of current applicant* *Sibling of current student* *Sibling of past student* *Legacy*
- Student has applied before? (circle) *No* *Yes*, (grade \_\_\_\_\_ school year \_\_\_\_\_)

**Applying for Class or Grade in 2010-2011**

- \_\_\_\_\_ **EC1** - Tu/Th a.m., Extended Day available
- \_\_\_\_\_ **EC2** - M/W/F a.m., Extended Day available
- \_\_\_\_\_ **EC3** - Daily a.m., Extended Day available
- \_\_\_\_\_ **Half-day PreK** – M-F a.m., Extended Day available
- \_\_\_\_\_ **Full-day PreK** – M-F a.m. PreK with daily Extended Day
- \_\_\_\_\_ **Full-day Kindergarten**
- \_\_\_\_\_ **Grade** (circle) **1 2 3 4 5 6 7 8**

**Early Childhood Birthday Cutoffs**

- September 1, 2007 - December 31, 2007
- March 1, 2007 - August 31, 2007
- September 1, 2006 - February 28, 2007
- September 1, 2005 - August 31, 2006
- September 1, 2005 - August 31, 2006
- September 1, 2004 - August 31, 2005

- Ethnicity: (circle) *African American* *Asian American* *Caucasian* *International* *Latino/Hispanic American*  
*Middle Eastern American* *Multiracial* *Native American* *Pacific Islander*
- First language \_\_\_\_\_ Second language \_\_\_\_\_ Is applicant a U.S. Citizen? (circle) *Yes* *No*
- Marital status of parents: (circle) *Married* *Separated* *Divorced* *Single* *Widow(er)*
- Applicant lives with: (circle) *Both Parents* *Mother* *Father* *Other* \_\_\_\_\_
- Applicant in legal custody of: (circle) *Both Parents* *Mother* *Father* *Other* \_\_\_\_\_

Parent/Guardian: Mr.____ Mrs.____ Miss____ Ms.____ Dr.____ <i>First Middle Last</i>	Parent/Guardian: Mr.____ Mrs.____ Miss____ Ms.____ Dr.____ <i>First Middle Last</i>
Name goes by: _____ Relation to child: _____	Name goes by: _____ Relation to child: _____
Street address: _____	Street address: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
E-mail: _____	E-mail: _____
Phone: Home: _____ Work: _____	Phone: Home: _____ Work: _____
Cell: _____ Beeper: _____	Cell: _____ Beeper: _____
Professional position: _____	Professional position: _____
Name of firm: _____	Name of firm: _____
Industry: _____	Industry: _____
Schools attended: _____	Schools attended: _____

*Please return this form and the appropriate application fee to:*

**Director of Admissions, Sycamore School, 1750 West 64th Street, Indianapolis, IN 46260.**

• School child currently attends: \_\_\_\_\_ Current grade: \_\_\_\_\_

(Circle all appropriate categories) Private Public Parochial Preschool Elementary Middle School K-8 K-12

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Attended from grade: \_\_\_\_\_ to grade: \_\_\_\_\_

• Schools previously attended:

1. \_\_\_\_\_ Attended from grade: \_\_\_\_\_ to grade: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

(Circle all appropriate categories) Private Public Parochial Preschool Elementary Middle school K-8 K-12

2. \_\_\_\_\_ Attended from grade: \_\_\_\_\_ to grade: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

(Circle all appropriate categories) Private Public Parochial Preschool Elementary Middle school K-8 K-12

• How did you learn about Sycamore School?

(Circle) Word of mouth: Sibling Legacy Alumni Faculty Current parent (name) \_\_\_\_\_

Tour Open house Website Newspaper ad \_\_\_\_\_ Magazine ad \_\_\_\_\_ Other \_\_\_\_\_

• What has attracted you to this school? \_\_\_\_\_

\_\_\_\_\_

• Person responsible for tuition payment: \_\_\_\_\_

• If my/our student is accepted for admission to the Sycamore School, I/we agree that we will uphold the purposes and regulations of the school as represented by the administration and faculty; I/we will reinforce our student's education through encouragement and supervision at home; and I/we will meet our financial obligations to the school.

Parent/Guardian signature(s) \_\_\_\_\_ Date \_\_\_\_\_

• I/We confirm that the information provided in this application is complete and accurate to the best of our knowledge. I/We understand that any misrepresentation or omission of pertinent information may be grounds to remove a candidate from the application pool.

Parent/Guardian signature(s) \_\_\_\_\_ Date \_\_\_\_\_

FEES DUE WITH APPLICATION FOR ADMISSION			
Grades	Application Fee	Screening Fee	Intelligence/Achievement Testing Fees
EC1 – EC3	\$50	\$50	NA
Pre-kindergarten through grade eight	\$50	NA	Fees are paid directly to the school's consulting psychologist administering the test(s).

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