

For office use
BC:
Placement:

2012-2013 APPLICATION FOR ADMISSION

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*

Has this student applied before? (circle) *No* *Yes* grade _____ school year _____

GRADE APPLYING FOR IN 2012-2013

EARLY CHILDHOOD BIRTHDAY CUTOFFS

(select *Half-Day a.m.* or *Full-Day*)

_____ PS1	3-day option	T/W/Th	Half-Day a.m.	Full-Day	Mar. 1, 2009 – Aug. 31, 2009			
_____ PS1	5-day option	M-F	Half-Day a.m.	Full-Day	Mar. 1, 2009 – Aug. 31, 2009			
_____ PS2		M-F	Half-Day a.m.	Full-Day	Sept. 1, 2008 – Feb. 29, 2009			
_____ PreK		M-F	Half-Day a.m.	Full-Day	Sept. 1, 2007 – Aug. 31, 2008			
_____ Kindergarten		M-F	—	Full-Day	Sept. 1, 2006 – Aug. 31, 2007			
_____ Grade (circle)	1	2	3	4	5	6	7	8

• 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: _____

Please return this form and the appropriate application fee to:

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

Schools attended: _____	Schools attended: _____
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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: _____

School(s) 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 attracted you to this school? _____

Person responsible for tuition payment: _____

If my/our child is accepted for admission to 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 child'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 group.

Parent/Guardian signature(s) _____ Date _____

<i>FEES DUE WITH APPLICATION FOR ADMISSION</i>			
Grades	Application Fee	Screening Fee	Intelligence/Achievement Testing Fees
PS1 – PS2	\$50	\$50	NA
Pre-Kindergarten through Eighth Grade	\$50	NA	Fees are paid directly to the school's consulting psychologist administering the test(s).

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