



# Welsh Hills School

## Student Application Form

Today's Date: \_\_\_\_\_

School year: \_\_\_\_\_

### Student Information

Student's Legal Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

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

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Program: (please circle one)

Children's HOUSE desired schedule \_\_\_\_\_ Lower Elementary Upper Elementary Middle / High School

### Family/Guardian Information

Name: \_\_\_\_\_

Parent  Guardian  Other

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

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Names and birth dates of student's siblings:

\_\_\_\_\_

\_\_\_\_\_

Relatives attending Welsh Hills School now or in the past:

\_\_\_\_\_

\_\_\_\_\_



Student \_\_\_\_\_

## Statement of Custody

Student lives with: (check all that apply)

Mother  Father  Stepmother  Stepfather  Grandparents  Foster Parents  Guardian  Shared Custody

Other (please explain): \_\_\_\_\_

I state that I have :  Full custody rights  Shared custody rights

Please indicate below the appropriate selection for your custody statement:

- Parents reside together.
- The father/mother of my child is deceased.
- Parents are separated and no custody order currently exists.
- I have court documentation for custody. (A copy of the court order is required for the student's file.)

## Citizenship/ Ethnicity

Citizenship status:  US Citizen  Other (country) \_\_\_\_\_

Is English the student's primary language?  Yes  No

If no, please state the primary language: \_\_\_\_\_

Please indicate the best description of your child's cultural background. This information will be used solely for reporting purposes as required of educational institutions by federal law. Your participation is voluntary.

- Native American  Hispanic/Latino  African American
- Caucasian  Asian American  Middle Eastern
- Multi-racial  Other: \_\_\_\_\_

Welsh Hills School does not discriminate in admissions or employment on the basis of gender, race, religion, or disability.



Student \_\_\_\_\_

## Educational Information

Is your student eligible for (or has received) Special Education services?  Yes  No

If yes, please check all that apply:

Gifted  Occupational Therapy  Physical Therapy  Speech Therapy  Reading Intervention

Does your child have a current 504 Plan?  Yes  No

Does your child have a current Individualized Education Plan (IEP)?  Yes  No

Has your child participated in the Help Me Grow program?  Yes  No

A copy of the 504 Plan or IEP will be required for the student's file.

Was your child born prematurely? \_\_\_\_\_ If yes, how early? \_\_\_\_\_

Please indicate the approximate ages at which your child reached the following milestones:

Walked alone: \_\_\_\_\_ Spoke in sentences: \_\_\_\_\_ Toilet trained: \_\_\_\_\_ Dressed self: \_\_\_\_\_

Please list five words that best describe your child.

\_\_\_\_\_

Please describe your child's learning style.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe your educational goals for your child.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please detail other information you feel is relevant to your child's experience and education at WHS.

\_\_\_\_\_

\_\_\_\_\_



# Welsh Hills School

Student \_\_\_\_\_

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## Financial Information

Please indicate the person financially responsible for the student's tuition and fees:

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

A \$35.00 Application Fee is due with this application.

Cash included.                       Check attached. (check number \_\_\_\_\_)

## Financial Aid

Financial Assistance is available. Please check all that apply:

No financial aid necessary.                       I will apply for financial aid.                       I have applied for financial aid.

Total Financial Aid requested: \_\_\_\_\_

Maximum available contribution towards tuition and fees: \_\_\_\_\_

The Welsh Hills School budget for Financial Aid varies from year to year and is available on a limited basis. Returning students receive first priority, followed by siblings, and then new enrollees. Aid shall not exceed 50% of tuition. Financial Aid does not apply to fees. Admissions decisions are made independently from financial aid considerations.

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## Welsh Hills School

strives to provide  
a dynamic educational experience  
that combines the best of a  
challenging curriculum  
and a nurturing environment.

In partnering with families and focusing on the whole person,  
our program creates respectful global citizens and  
confident life-long learners.

# Welsh Hills School

Student \_\_\_\_\_

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## Current School Information/ Release

I hereby authorize the designated representative of:

\_\_\_\_\_  
Student's current/former school

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax and/or email

To release any/all information on (student): \_\_\_\_\_

to Welsh Hills School for the purposes of admission.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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## Office Use Only

Application received: \_\_\_\_\_

Student visit: \_\_\_\_\_

Contract offered: \_\_\_\_\_

Contract received: \_\_\_\_\_

Deposit amount : \_\_\_\_\_

Deposit received: \_\_\_\_\_

Financial Aid application submitted: \_\_\_\_\_

Financial Aid : \_\_\_\_\_

Records request sent: \_\_\_\_\_

Records received: \_\_\_\_\_