

Welsh Hills School

Student Application Form



Today's Date: _____

Desired start date: _____

Student Information

Student's Legal Name: _____

Nickname: _____

Address: _____

Birth Date: _____ Age: _____ Gender: _____

Program: (please circle one) Infant Toddler Desired schedule: _____

Family/Guardian Information

Name: _____

Parent Guardian Other

Address: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

E-mail address: _____

Occupation: _____

Employer: _____

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:



Welsh Hills School

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.



Welsh Hills School

Student _____

Student Information

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 educational goals for your child.

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

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 _____)

Office Use Only

Contract offered: _____ Contract received: _____

Deposit amount : _____ Deposit received: _____