

Application for admission

APPLICATION FORM

APPLICANT INFORMATION

Please print

FULL NAME (LAST, FIRST, MIDDLE)
NAME APPLICANT USES (IF DIFFERENT THAN GIVEN NAME)
HOME ADDRESS
CITY/STATE/ZIP
HOME PHONE
APPLICANT RESIDES WITH

GRADE ENTERING	SCHOOL YEAR
DATE OF BIRTH	SEX
SOCIAL SECURITY NUMBER	
PERSON RESPONSIBLE FOR APPLICANT'S BILLS	
ADDRESS (IF DIFFERENT THAN HOME)	

MARITAL STATUS OF PARENTS

- MARRIED
 SEPARATED
 SINGLE
 DIVORCED
 WIDOW(ER)
 OTHER

PARENT INFORMATION

It is not necessary to provide duplicate data on this or subsequent applications.

FATHER'S FULL NAME
EMPLOYER
OCCUPATION/TITLE
WORK PHONE
HOME ADDRESS
CITY/STATE/ZIP
HOME PHONE
CELL PHONE
FATHER'S EDUCATION

MOTHER'S FULL NAME
EMPLOYER
OCCUPATION/TITLE
WORK PHONE
HOME ADDRESS
CITY/STATE/ZIP
HOME PHONE
CELL PHONE
MOTHER'S EDUCATION

APPLICANT'S PRESENT SCHOOL

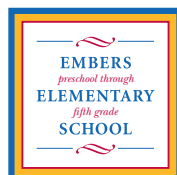
APPLICANT CURRENTLY ATTENDS
GRADE

ADDRESS
CITY/STATE/ZIP

OTHER CHILDREN IN FAMILY

NAME	BIRTHDATE
NAME	BIRTHDATE
NAME	BIRTHDATE
NAME	BIRTHDATE

SCHOOL	GRADE
SCHOOL	GRADE
SCHOOL	GRADE
SCHOOL	GRADE



Embers Elementary School
 2000 W. Sibley Street
 Park Ridge, Illinois 60068
 tel 847.518.1185
 fax 847.518.9625

Come grow with us!

STUDENT PROFILE

Describe your child's personality and interests. _____

Describe your child's academic abilities and learning style. _____

Has your child ever been accelerated or held back in school? YES NO

Expelled? YES NO

If yes, please describe fully the circumstances: _____

Has your child had previous academic problems which required tutoring

or remedial help? YES NO

If yes, in what areas and for how long? _____

Does your child receive medical treatment for allergies or any chronic condition? YES NO

If yes, please explain: _____

Are there limitations on participation in gym or recess? YES NO

If yes, please explain: _____

Has your child undergone any diagnostic or evaluative testing for learning differences or psychological/psychiatric concerns, either through school or outside of school?

YES NO

Reason for testing: _____

School, agency or individual administering test: _____

Date of test: _____

EDUCATIONAL PHILOSOPHY

Based on the observations during your visits and/or from the information provided to you, what inspired you to apply? _____

What do you feel your role is in your child's education? _____

**HOW DID YOU LEARN
ABOUT EMBERS
ELEMENTARY
SCHOOL**

CHECKLIST

- All questions in this application have been answered accurately and completely.
- A signed record release accompanies this application, if applicable.
- A nonrefundable application fee of \$50 accompanies this application.

**APPLICATION
SIGNATURE**

SIGNATURE OF PARENT OR GUARDIAN

DATE

**RETURN
COMPLETED FORM
AND APPLICATION
FEE TO**

Admissions
Embers Elementary School
2000 W. Sibley Street
Park Ridge, Illinois 60068

It is the policy of Embers Elementary School not to discriminate on the basis of race, sex, color, religion, national origin, ancestry, or physical or mental disabilities unrelated to the ability to work or enjoy the benefits of the school's programs, facilities, or services. All persons are encouraged to apply.