



Application

Applicant Information

Full Name: _____
Last First MI

Street Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ County: _____

Gender: Male Female Date of Birth: _____ Grade Applying For _____

SSN: _____ School Year: _____

Family Data

Father: _____ Profession: _____
Last First MI

Street Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ County: _____

Business Name: _____ SSN: _____

Work Address: _____ Work Phone: _____

City: _____ State: _____ Zip: _____

Mother: _____ Profession: _____
Last First MI

Street Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ County: _____

Business Name: _____ SSN: _____

Work Address: _____ Work Phone: _____

City: _____ State: _____ Zip: _____

If there is a separation/divorce in the family or if the student resides with a legal guardian, please complete the Correspondence Section.

CORRESPONDENCE

Send all School Correspondence to
(Please check one)

<input type="checkbox"/> Student Home address	<input type="checkbox"/> Home Address of Father	<input type="checkbox"/> Home Address of Mother
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Send all duplicate mailing for noncustodial or joint custodial parent or guardian to:

Name _____ Relationship: _____

Full Address: _____

If separated/divorce, with which parent does the child reside? _____

School History

Present School: _____ Principal: _____

Street Address: _____ Counselor/Teacher: _____

City: _____ Phone: _____

State: _____ Zip: _____

School Type: Public Independent Boarding Home Schooled
Grades: _____ Attendance From/To: _____

Previous Schools Attended: _____ Grades: _____ Years Attended: _____

Address: _____ Business Phone: _____

City: _____ County: _____

State: _____ Zip: _____

Previous Schools Attended: _____ Grades: _____ Years Attended: _____

Address: _____ Business Phone: _____

City: _____ County: _____

State: _____ Zip: _____

HEALTH INFORMATION:

Does your child have any special health problems: Yes No Describe: _____

Is your child taking any medication on a regular basis: Yes No Describe: _____

Physician's name: _____ Physician's Phone: _____



PARENT SURVEY:

My child is able to:

My child has difficulty with:

What strategies have already been tried?

Possible additional strategies you would like to see tried?

DISCLAIMER & SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to admission, I understand that false or misleading information in my application or interview may result in reconsideration of my child's admission.

Signature: _____ Date: _____

NOTE OF DISCRIMINATION

Fleming Day School admits qualified students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the bases of race, color, national, and ethnic origin in administration of its educational policies and other school administered programs.