

GULF STREAM SCHOOL



APPLICATION *for* ADMISSION

Applicant Information

Full Name _____
First Middle Last Nickname

Address _____
Street

Date of Birth _____ City State Zip Social Security # _____
Citizenship _____ Country

Female Male Applying for Grade _____ 20____ Applicant lives with: Both Parents Father Mother Guardian

Schools Name and address of schools attended within the last two years: (list current school first)

School _____	School _____
Dates Attended _____	Dates Attended _____
Address _____	Address _____
Telephone _____	Telephone _____
Teacher _____	Teacher _____

Family Information

Father _____ Full Name Nickname	Mother _____ Full Name Nickname
Address (if different from applicant) _____ _____	Address (if different from applicant) _____ _____
Telephone _____	Telephone _____
Home e-mail _____	Home e-mail _____
Occupation/Title _____	Occupation/Title _____
Employer _____	Employer _____
Business Address _____	Business Address _____
Business Telephone _____	Business Telephone _____
Business e-mail _____	Business e-mail _____
Education (school, degrees) _____ _____	Education (school, degrees) _____ _____
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	
Guardian or Stepparent's Name _____ Preferred Name _____	
Address _____	
Telephone _____	e-mail _____ fax _____
To whom should Admissions correspondence be sent? _____	

Sibling Information

First Name	Middle Name	Last Name	Date of Birth	School	Grade
First Name	Middle Name	Last Name	Date of Birth	School	Grade
First Name	Middle Name	Last Name	Date of Birth	School	Grade
First Name	Middle Name	Last Name	Date of Birth	School	Grade

Relatives who have attended Gulf Stream School

Name	Relationship	Dates of Attendance

Additional Information

Why are you considering sending your child to Gulf Stream School? _____

What qualities are you looking for in the school you want for your child? _____

Please comment on your child's current school experience and setting; reasons for either skipping or repeating a grade. _____

Is your child bilingual? No Yes If yes, what language besides English does he or she speak? _____

Has a behavioral or psychological evaluation been completed? No Yes If yes, when? _____

By whom? _____ Is the report available? _____

Additional Information

Describe any illness, diseases, or physical disabilities which either have affected or may affect the candidates's general health, school work, or participation in the physical education/athletic program:

Please describe any specific talents, interests, or achievements either inside or outside of school: _____

Has the candidate had any special tutoring, counseling, or speech therapy? _____

How did you learn about Gulf Stream School? _____

Have you previously applied to Gulf Stream School? No Yes If yes, when? _____

Notes of Importance

1. A non-refundable application fee of \$100.00 **must** accompany this application. Checks should be made payable to Gulf Stream School.
2. A copy of the applicant's birth certificate **must** accompany this application.
3. While it is not required, enclosure of a photograph of the applicant would be appreciated.
4. Final acceptance depends upon a personal interview, admission testing, WISC IV (**Wechsler Intelligence Scale for Children**) for applicants to Grades Two through Eight, previous work as shown by a transcript and teacher recommendations from the school last attended and the availability of openings. Applicants are considered for admission without regard to gender, race, religion or national and ethnic origin.
5. Please indicate if you will be applying for financial aid. No Yes
6. If applying for financial aid, the appropriate forms will be supplied by the School and must be completed by January 8th.

Signature(s) of Parent(s) / Guardian(s)

Date
