



Application for Admission

Please send or email your completed application to:

Chicago Friends School
1246 W. Thorndale Ave.
Chicago, IL 60660
773-442-2371
ChicagoFriendsSchool.org
admissions@ChicagoFriendsSchool.org

Please include your \$75 application fee via check or via the PayPal link found on the Donations page on our website. <http://chicagofriendsschool.org/donate/>

Student and Family Information

Name:

Date of Birth:

Sex:

Application for Grade:

Home Address:

City, State:

Zip Code:

Parent/Guardian 1 Name: Relationship

Home Address:

City, State: Zip Code:

Home Phone: Work Phone:

Cell Phone: Email:

Name of Employer: Profession:

Parent/Guardian 2 Name: Relationship

Home Address:

City, State: Zip Code:

Home Phone: Work Phone:

Cell Phone: Email:

Name of Employer: Profession:

Who is the child's legal guardian?

Communication from the school should be sent to:

Who is financially responsible for the tuition?

What is the primary language of family members if other than English?

What language does the child speak at home if other than English?

Siblings

| | |
|------|-----|
| Name | Age |
|------|-----|

| | |
|------|-----|
| Name | Age |
|------|-----|

| | |
|------|-----|
| Name | Age |
|------|-----|

| | |
|------|-----|
| Name | Age |
|------|-----|

School Information

Previous and Current Schools Attended:

| | |
|----------------------------------|--------------------|
| School 1 Name and Address | Telephone or email |
|----------------------------------|--------------------|

| | |
|------------------|----------------|
| Grades Completed | Years Attended |
|------------------|----------------|

| | |
|----------------------------------|--------------------|
| School 2 Name and Address | Telephone or email |
|----------------------------------|--------------------|

| | |
|------------------|----------------|
| Grades Completed | Years Attended |
|------------------|----------------|

School 3 Name and Address

Telephone or email

Grades Completed

Years Attended

Has the applicant been suspended, withdrawn, or expelled from a previous school or preschool?

Yes___ No ___ If yes, please explain:

Medical Information

Are there any health-related issues such as allergies or other health problems of which we should be aware?

Yes___ No ___ If yes, please explain:

Is your child presently under medical treatment?

Yes___ No ___ If yes, please explain:

Has your child ever had a psychological or psychiatric evaluation or received treatment?

Yes___ No ___ If yes, please explain. (We may request additional documentation.)

Has your child ever been tested or evaluated to assess learning or developmental needs?

Yes___ No ___ If yes, please explain. (We may request additional documentation.)

Is there any reason why your child might not be able to fully participate in all school activities?

Yes___ No ___ If yes, please explain.

Parent/Guardian Comments

What are the first three words that come to mind to describe this child?

1.

2.

3.

What school experience do you want for your child?

What advice would you offer to someone working with your child?

Please tell us about your child's development including physical, social, emotional, cognitive, and academic. What strengths, needs, and challenges do you see?

What are some of your child's interests (play activities, topics, extracurricular, etc.):

Why do you think Chicago Friends School would be a good match for your child and your family?

How do you see you/your family being involved in your child's education and school?

If you would like to provide additional information regarding your child, please attach additional comments and/or documents.

Thank you for your interest in Chicago Friends School.