

# Application for Admission • 2012–2013

Green Acres School • 11701 Danville Drive • Rockville MD 20852 • phone 301 881-4100

Please complete **both sides** of this application.

**PLEASE ATTACH A RECENT PHOTO TO THE BACK OF THIS PAGE**

Current grade \_\_\_\_\_

Circle the grade to which you are applying: **PK K 1 2 3 4 5 6 7 8**

**Child's name** \_\_\_\_\_  
first middle last

She/he is usually called \_\_\_\_\_  Male  Female Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Home phone \_\_\_\_\_

Citizenship \_\_\_\_\_ Place of birth \_\_\_\_\_

Ethnic Background (optional): Several professional educational associations (of which Green Acres is a member) assemble statistical data regarding the ethnic origin of independent school students. Your response to this category is optional and should you elect to provide the information, your child's name will not be used or divulged to any other organization. Should you elect to provide this information, please indicate how you would like your child to be classified.

- African American     Asian American     Caucasian     Middle Eastern American     Multiracial  
 Native American     Latino/Hispanic     Pacific Islander American     International (non-US citizen)

Present school \_\_\_\_\_ phone \_\_\_\_\_

Present school address \_\_\_\_\_

Previous schools (if applicable) and dates of attendance \_\_\_\_\_

Siblings: names, ages, schools \_\_\_\_\_

## Parent or Guardian

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home address (if different from applicant) \_\_\_\_\_

Home phone (if different from applicant) \_\_\_\_\_

Cell phone \_\_\_\_\_

Office phone \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Business address \_\_\_\_\_

## Parent or Guardian

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home address (if different from applicant) \_\_\_\_\_

Home phone (if different from applicant) \_\_\_\_\_

Cell phone \_\_\_\_\_

Office phone \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Business address \_\_\_\_\_

If parents are separated or divorced, which parent(s) or guardian(s) should receive admission office correspondence? \_\_\_\_\_

**Continued**

A non-refundable \$75 **application fee, payable to Green Acres School**, should be enclosed with this application and mailed to:  
Green Acres School • 11701 Danville Drive • Rockville, MD 20852  
phone 301 881-4100 • toll-free 888 410-4152 • fax 301 881-3319 • admission@greenacres.org • www.greenacres.org

**The application deadline is January 18, 2012.**

**Office use only:** Rec'd \_\_\_\_\_

**Applicant History**

Describe briefly her/his temperament and personality. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What kinds of activities does she/he enjoy especially? \_\_\_\_\_  
\_\_\_\_\_

How does she/he get along with adults? \_\_\_\_\_  
\_\_\_\_\_

How does she/he get along with peers? \_\_\_\_\_  
\_\_\_\_\_

Please describe your child’s learning style. List/discuss any particular developmental information and/or any concerns you may have about your child.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe briefly your child’s language development currently and over time. *(Required for applicants to grades pre-K through 4.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What languages are spoken in your home? \_\_\_\_\_

Describe briefly your child’s motor development currently and over time. *(Required for applicants to grades pre-K through 4.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any additional information about your child that you feel would be important for us to know? If yes, please describe briefly. Include anything that may affect your child’s visiting day.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about Green Acres School? \_\_\_\_\_

Has your family applied to Green Acres School in the past? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Please list other schools to which you are applying: \_\_\_\_\_

We look forward to seeing your child during his or her visit. Please read the following and sign below: In case of medical emergency, I understand that every effort will be made to contact parents first. If I cannot be reached, I hereby give permission to the physician selected by the school, or its authorized representative, to transport my child to the hospital emergency room and secure proper treatment for my child as named above.

**Parent or Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_