



Date of application: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**I. Personal Information:**

Applicant's Name \_\_\_\_\_ Nickname \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Home Address \_\_\_\_\_ E-mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**II. Academic Information:**

Present School \_\_\_\_\_ Teacher Name \_\_\_\_\_ Phone# \_\_\_\_\_

School Address \_\_\_\_\_

Current Grade Level \_\_\_\_\_ Has child been retained? \_\_\_\_\_ Grade \_\_\_\_\_

Previous Schools Attended:

Name	City	State	Dates

**III. Testing:**

Visual: Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_ By whom \_\_\_\_\_

Auditory: Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_ By whom \_\_\_\_\_

Psycho-Educational: Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_ By whom \_\_\_\_\_

Neurological Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_ By whom \_\_\_\_\_

Other Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_ By whom \_\_\_\_\_

2450 Hamilton Avenue, Abington, PA 19001

Phone: 215-657-2200 Fax: 215-657-2646 Email: [cwolf@centerschoolpa.org](mailto:cwolf@centerschoolpa.org)

Does the applicant have any unusual medical condition of which the school should be aware?

If yes, please explain: \_\_\_\_\_

Please list any medications the applicant is taking: \_\_\_\_\_

Has the applicant had any psychological or psychiatric counseling? Yes \_\_\_\_ No \_\_\_\_  
If so, please explain on a separate sheet.

**IV. Family Information:**

Parent's Full Name	_____	Parent's Full Name	_____
Occupation	_____	Occupation	_____
Employer	_____	Employer	_____
Business Address	_____	Business Address	_____
	_____		_____
	City State Zip		City State Zip
Business Phone	( ) _____	Business Phone	( ) _____

Other Children in Family:

Name	Age	School	Grade

Who is responsible for financing the child's education?

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

If the applicant does not live with both parents in one household, please answer the following questions:

Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Deceased \_\_\_\_\_

With which parent does the child live? \_\_\_\_\_

Signature of Parent of Guardian \_\_\_\_\_ Date \_\_\_\_\_

*How did you hear about Center School?* \_\_\_\_\_