

# LANSDOWNE Friends SCHOOL

## Application for Admission

### Applicant Information

FULL NAME OF APPLICANT (LAST) (FIRST) (MIDDLE) GENDER

HOME ADDRESS TELEPHONE

CITY/STATE/ZIP

PLACE OF BIRTH BIRTHDATE

Grade Applied for \_\_\_\_\_ For entrance in September 20, \_\_\_\_\_

### Family Information

PARENT (GUARDIAN) NAME PARENT (GUARDIAN) NAME

HOME ADDRESS (IF DIFFERENT FROM APPLICANT) HOME ADDRESS (IF DIFFERENT FROM APPLICANT)

CITY/STATE/ZIP CITY/STATE/ZIP

TELEPHONE CELL TELEPHONE CELL

OCCUPATION OCCUPATION

COMPANY COMPANY

ADDRESS ADDRESS

BUSINESS TELEPHONE BUSINESS TELEPHONE

EMAIL EMAIL

Parents (please check)  married  separated  divorced  single  father deceased  mother deceased

Student's main residence  both parents  mother  father  stepmother  stepfather

Other (please specify) \_\_\_\_\_

Who is responsible for financing the applicant's education? \_\_\_\_\_

Please list the names of brothers and/or sisters below:

FULL NAME CURRENT SCHOOL/COLLEGE BIRTHDATE GENDER

FULL NAME CURRENT SCHOOL/COLLEGE BIRTHDATE GENDER

Does the applicant or any member of the applicant's family belong to the Society of Friends?

NAME RELATIONSHIP TO APPLICANT MEETING

**School Information**

PRESENT SCHOOL	GRADE	
SCHOOL ADDRESS	TELEPHONE	
CITY/STATE/ZIP		
NAME OF PRINCIPAL OR CLASSROOM TEACHER	FROM	TO
FORMER SCHOOLS	FROM	TO
	FROM	TO

CLASSROOM TEACHER (NAME)

How did you hear of Lansdowne Friends School? \_\_\_\_\_

**Testing**

Has applicant had visual testing?  Yes  No Date \_\_\_\_\_

By whom \_\_\_\_\_

Has applicant had auditory testing?  Yes  No Date \_\_\_\_\_

By whom \_\_\_\_\_

Has applicant had psychological testing?  Yes  No Date \_\_\_\_\_

By whom \_\_\_\_\_

Has applicant had psycho-educational testing?  Yes  No Date \_\_\_\_\_

By whom \_\_\_\_\_

Has applicant had neurological testing?  Yes  No Date \_\_\_\_\_

By whom \_\_\_\_\_

**Tuition Aid**

Tuition aid is based on need and is never full tuition. For more information visit [www.lansdownefriendsschool.org](http://www.lansdownefriendsschool.org).

**Release**

I hereby give permission for my child's photo to be used in any promotional materials, including the school website, used by Lansdowne Friends School.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

**PLEASE MAKE SURE ALL PARTS OF THE APPLICATION ARE COMPLETED.**

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