

ADMINISTRATIVE USE ONLY

DATE APPLICATION RECEIVED: _____

CHECK # _____ DOLLAR AMT: _____

RECEIVED BY: _____

Application for Admission to SABOT AT STONY POINT

APPLICANT INFORMATION

Full name _____ **Preferred name** _____

Home address _____

STREET

CITY

STATE

ZIP

Telephone _____

Sex _____ Date of birth _____ Academic year applying for _____

MONTH/DAY/YEAR

CHECK GRADE APPLYING FOR:

Preschool Kindergarten 1st 2nd 3rd 4th 5th 6th 7th 8th

CURRENT SCHOOL

Name _____

Address _____

STREET

CITY

STATE

ZIP

FAMILY INFORMATION

Parent/guardian

Name _____
FIRST MIDDLE LAST

Address _____
ONLY IF DIFFERENT FROM APPLICANT

Occupation _____

Daytime telephone _____

Fax _____

Email _____

Other contact info. _____

Are any languages other than English spoken regularly in the home? _____

Applicant's brothers and sisters

NAME AGE SCHOOL ATTENDING

Please remember to fill out the back side of this form. Thank you.

SCHOOLS PREVIOUSLY ATTENDED AND DATES OF ATTENDANCE (Please provide a contact name and number at current or most recent school)

NAME OF SCHOOL	DATES ATTENDED	CONTACT NAME AND NUMBER

Other schools to which application has been made _____

HOW DID YOU BECOME INTERESTED IN SABOT AT STONY POINT?

- Teacher or administration _____
- Alumni/ae _____
- Friend or relative _____
- Admissions open house
- Other _____

BIOGRAPHICAL INFORMATION

Parents' perspectives on their children are very helpful to us. Please provide a brief description of your child. You might include information such as special interests or talents, preferred individual and family activities, and "social temperament" (e.g., "reserved", "quiet", "friendly", "outgoing").

I would like my child to attend Sabot at Stony Point because:

Parents have many different ways of understanding their role in their children's education. What is your view of your role?

Are there any special circumstances – medical or developmental – that should be considered in evaluating your child as an applicant?

Does your child require any medication or other medical service at school? If yes, please explain.

TUITION ASSISTANCE

Check if you would like to request tuition assistance materials. Please be aware that the deadline to submit the completed application for tuition assistance is January 31st of the year entering school.

APPLICATION FEE

A \$50 non-refundable application fee is required. Please return application with fee to: Sabot at Stony Point, Admissions Office, 3400 Stony Point Road, Richmond VA 23235

Date of Application _____

Parent's Signature _____ Parent's Signature _____