



Saltwater School Grades Application

Family Information

Student

Student's Full Name: _____ Female Male

Date of Birth: _____ Year Applying for: _____

Address: _____

Present Grade: _____ Applying for Grade: _____ Present Teacher: _____

Present School: _____ School Phone #: _____

School Address: _____

Parents

Mother

Name: _____

Address: _____

Phone: _____ (hm) _____ (wk)

Occupation: _____

Interests, hobbies, talents: _____

Father

Name: _____

Address: _____

Phone: _____ (hm) _____ (wk)

Occupation: _____

Interests, hobbies, talents: _____

Step Parents (if any)

Step-Father _____

Occupation: _____

Step-Mother _____

Occupation: _____

Business Phone: _____

Business Phone: _____

Interests, hobbies, talents: _____

Interests, hobbies, talents: _____

With whom does the child live? Please describe daily living arrangements:

Brothers and sisters (name, age, grade in school, name of school):

Academic and Social History

(Continue on additional sheets if necessary)

Previous School(s)

Address

Dates

Grades

Subjects enjoyed most in school: _____

Subjects enjoyed least: _____

Academic challenges: _____

Describe his/her social behavior (with peers): _____

Artistic interests and talents: _____

Activities outside school (hobbies, sports, etc.): _____

Health

Present physical and emotional health (any concerns?) _____

Results and approximate dates of:

Medical check up _____ Dental Check up _____

Hearing check up _____ Vision check up _____

Describe any conditions we may need to be aware of:

List any food, drug or environmental allergies:

Current medications/ supplements and treatments for above:

Has your child been immunized? Yes No. If yes please bring in immunization book or form to be photocopied.

Has the applicant had educational testing? Yes No. If yes, please include a copy of the report.

Any major surgeries or hospital stays?

Home and Family Rhythm:

Child's bedtime: _____ Time child awakens: _____

Home handling of child's behavioral problems: _____

Describe any special need or fears: _____

Average daily hours of TV: ____ Videos: ____ Video Games: ____ Radio: ____ Computer: ____

Average weekend hours of TV: ____ Videos: ____ Video Games: ____ Radio: ____ Computer: ____

What are you hoping to find in this education for your child? _____

What parenting topics are of interest to you? _____

How did you hear about Saltwater School? _____

Please use this space to include any further information you would like to share about your child:

I / We understand that all financial arrangements for tuition payments will be made through the Admissions Office, that the \$50 fee is non refundable and that this application is valid only for the grade and year noted.

Signature of Parent/Guardian: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____

(Note: forms filled out online should be signed at the school)