



THE PROUT SCHOOL

Application for Admission for Academic Year beginning fall 200__

Please submit a \$25.00 non-refundable fee when submitting this application. Fee covers application and exam registration.

Student Name First _____ MI _____ Last _____

Street Address _____ City _____

State _____ Zip Code _____ Telephone _____ Email _____

Date of Birth _____ Gender ___ Male ___ Female Social Security # _____

Child lives with ___ Both Parents ___ Mother ___ Father ___ Stepmother ___ Stepfather ___ Other _____

School now attending _____ Current Grade _____

School Address _____

City _____ State _____ Zip Code _____ Telephone _____

Religious Affiliation _____ Place of Worship _____

Full name of mother _____

Street Address _____

City _____ State _____ Zip Code _____

Home Telephone _____ Work Telephone _____

Place of Employment _____

Nature of Business _____ Job Title _____

Address _____

City _____ State _____ Zip Code _____

Full name of father _____

Street Address _____

City _____ State _____ Zip Code _____

Home Telephone _____ Work Telephone _____

Place of Employment _____

Nature of Business _____ Job Title _____

Address _____

City _____ State _____ Zip Code _____

If above addresses are different, do you want mail sent to both locations ___ Yes ___ No

If 'NO', mail should be sent only to ___ Mother's Address ___ Father's Address

Please complete reverse side of this form. Incomplete forms will not be processed.

4640 Tower Hill Road Wakefield, RI 02879-2277 (401) 789-9262

Has an independent educational consultant or other testing agency ever tested the applicant? ___ Yes ___ No

If 'Yes', please describe the nature of the testing _____

Does the applicant have any documented learning disabilities? ___ Yes ___ No

If 'Yes', a copy of the documentation (IEP/ 504 plan, etc.) must be submitted with the application.

Failure to disclose the existence of an IEP, Service Plan, or 504 plan for an applicant at the time of application could result in a rescinding of their offer of admission.

Name of person financially responsible for student _____

Address _____

List other relatives who are attending or have attended The Prout School. Please give name, class, and relationship.

Student interests

Academic _____

Athletic _____

Art/Drama/Music _____

Other _____

Current Math (Pre-algebra, Math 8, etc.) _____ Title of math book _____

Please list any awards or special recognition student has received (academic, athletic or service-oriented)

Other Children in the Family

Name _____ Sex ___ Age ___ School _____ Grade _____

Name _____ Sex ___ Age ___ School _____ Grade _____

Name _____ Sex ___ Age ___ School _____ Grade _____

Who or what most influenced you to look into The Prout School? _____

Ethnic Group (optional): ___ African American ___ Asian ___ Caucasian ___ Hispanic Other _____

Signature of Applicant

Date

Signature of Parent/Guardian*

Date

Please attach a recent photograph

***My signature verifies that all information on this application is true and no pertinent or requested information has been withheld. I understand that if, in fact, information has been withheld, my child's application status may be changed and acceptance may be rescinded. The Prout School does not discriminate on the basis of race, color, gender, national or ethnic origin in the administration of admissions policies, financial aid programs, athletics and other school-administered programs.**

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