



# Application for Admission

Please fill out the form in its entirety, answering all the questions to the best of your ability. Incomplete applications will not be considered for admission.

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## Student Information

First Name:	_____	Last Name:	_____
Date of Birth:	_____	Ethnicity:	_____
Gender:	_____	Applying for Grade:	_____
Current Grade:	_____	For School Year:	2016-17   2017-18   2018-19
Current School:	_____	Has the student applied to TGS Before?	_____
School Type:	_____	Cell Phone:	_____
Years Attended:	_____	Email Address:	_____

Has the student attended any of the summer programs available on The Gregory School Campus?    Yes / No

If so, which one? \_\_\_\_\_

How did you hear about The Gregory School? \_\_\_\_\_

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Student Information Continued

Has your child received educational, psychological, or intellectual testing other than school administered tests?

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Has your child ever been subject to any academic or disciplinary action while attending a previous school? If yes, please explain:

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Does your child regularly take prescription medication? If yes, please list the medication(s) and corresponding diagnosis:

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Please list the names, ages, and current schools of your other children.

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Who has financial responsibility for the applicant? \_\_\_\_\_

Will you apply for financial assistance?      Yes \_\_\_\_\_      No \_\_\_\_\_

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Parent Information

Relationship to Student: \_\_\_\_\_

First Name \_\_\_\_\_

Last Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Attended College? Yes: \_\_\_\_\_ No: \_\_\_\_\_

College Name: \_\_\_\_\_

Degree: \_\_\_\_\_

Graduate School: \_\_\_\_\_

Graduate Degree: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Attended College? Yes: \_\_\_\_\_ No: \_\_\_\_\_

College Name: \_\_\_\_\_

Degree: \_\_\_\_\_

Graduate School: \_\_\_\_\_

Graduate Degree: \_\_\_\_\_

Parent's Marital Status: \_\_\_\_\_

Student Resides With: \_\_\_\_\_

Mailing Address #1: \_\_\_\_\_

Mailing Address #2: \_\_\_\_\_

if applicable \_\_\_\_\_

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\_\_\_\_\_

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Parent Questionnaire

Please describe your child's personality and interests, including his or her passions, strengths, and areas for growth.

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Please describe the educational environment you envision for your child.

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From what activities does your child derive self-confidence?

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How would you describe your student's study habits and quality of work compared to his or her ability?

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Why are you interested in enrolling your child at The Gregory School?

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What are your expectations of The Gregory School?

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Affirmation of Application

My signature below indicates that all of the information I have provided in this Application for Admission is true and correct and will be verified while my child is being considered for enrollment at The Gregory School. I understand that the information provided by third parties (i.e. teacher recommendations, etc.) will be submitted directly to The Gregory School and will remain confidential.

I realize that failure to provide accurate and verifiable information may result in the denial of our Application for Admission to The Gregory School.

I am aware of the required application fee (outlined below) and that my Application for Admission will not be processed until The Gregory School has received this payment.

\$55.00 for Domestic Students (do not need visa to attend) / \$200 for International Students (need visa to attend)

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Signed:

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Date:

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Print Name:

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Signed:

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Date:

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Print Name: