



APPLICATION FOR ADMISSION

Full name of applicant _____

Date of birth _____ Place of birth _____

Age _____ Sex _____

Social Security Number _____

Home address _____ Home Phone _____

Parent Info _____

Employer's name _____ Business Phone _____

Address _____

Parent Info _____ Home Phone _____

Employer's name _____ Business Phone _____

Family email address: _____

Brothers and Sisters

Name _____ Name _____

Name _____ Name _____

Applicant's recent school _____

Address _____

Grade entering in September _____

Who referred you to Banyan School? _____

Banyan School encourages applicants from and admits students of any racial, ethnic, or religious background. Its programs and policies are applied with equal consideration to all its applicants and students.

To be completed by parents or guardians:

Please describe your child's learning disability:

Does your child have any physical or emotional condition, which could affect progress at Banyan School?

Yes No

If YES, please explain:

Briefly describe your child's interests outside the classroom:

Signatures of Parents or Guardians

I/We will provide Banyan School with all existing academic and diagnostic evaluations, as well as medical information relating to my/our child so that a decision regarding admission can be made. Further, I/we understand that this information may need to be updated and additional information may be required (which I/we will be responsible to provide) before a final admission decision is reached.

_____ Date _____

_____ Date _____