



APPLICATION FOR ENROLLMENT *Include \$35.00 Application Fee*

Child's Legal Name _____ Birth Date _____
 Current Grade _____ Proposed Entry Date _____ Status: Full-time Part-time
 Street Address _____ City _____ State _____ Zip _____
 Home Phone _____ Public School Dist in which child resides _____

Father's Legal Name _____
 Address (If different from child's) _____ City _____ State _____ Zip _____
 Home Phone _____ Office Phone _____ Cell Phone _____
 E-mail _____
 Employer & Address _____
 Occupation, Education, Special Interests/Skills _____

Mother's Legal Name _____
 Address (If different from child's) _____ City _____ State _____ Zip _____
 Home Phone _____ Office Phone _____ Cell Phone _____
 E-mail _____
 Employer & Address _____
 Occupation, Education, Special Interests/Skills _____

Name of Legal Guardian (If different from parents) _____
 Relationship to child _____
 Address (If different from child's) _____ City _____ State _____ Zip _____
 Home Phone _____ Office Phone _____ Cell Phone _____
 E-mail _____
 Employer & Address _____
 Occupation, Education, Special Interests/Skills _____

Special considerations (eg. medical conditions/medications) _____

Emergency contacts (Names, Address, Telephone, Relationship) _____

How, or by whom, were you referred to Steppingstone? _____

Names & Addresses of schools previously attended and reasons for leaving _____

I give permission for Steppingstone to discuss my child's educational experience with personnel at the schools which s/he previously attended:

Signature of Parent/Guardian _____ Date _____



Child's Strengths, Weaknesses, Special Interests _____

Recent stresses such as illness, separations, deaths, new family members _____

Type of parental discipline used _____

Previous experiences/background

- Sports/Swimming /Ice Skating
 Music/Instruments/Arts/Drama
 Foreign Language
 Computers
 Other _____

Siblings' Names & Ages _____

What else would you like us to know about your child? _____

What questions would you like us to answer? _____

Optional (to be kept confidential), for grant purposes, please check your child's racial/ethnic background.
 If more than one category applies, please number in order of dominance.

African American
 Caucasian
 Middle Eastern
 Other
 Asian
 Hispanic
 Native American

Do you have the following information? How can you provide them?

- IMMUNIZATION RECORD:
 attached
 mail
 fax
 e-mail
 IQ EVALUATION RESULTS:
 attached
 mail
 fax
 e-mail
 1-3 LETTERS of RECOMMENDATION
 attached
 mail
 fax
 e-mail
 from individuals who are not relatives:

FOR OFFICE USE ONLY

Age (yrs-mos) on Sept 1st of proposed entrance year _____ Verbal-IQ _____ Performance-IQ _____ Full Scale-IQ _____

Psychologist(s) name _____ Phone _____

Additional notes _____

DATES OF

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|------------------------|---------------------------------|------------------------------|
| _____ Parent Interview | _____ Enrollment Agreement | _____ Permission/Driver Info |
| _____ Student Visit | _____ Tuition Deposit | _____ Immunization Record |
| _____ Application | _____ Tuition Balance/Deferment | _____ Permanent Record File |
| _____ Application Fees | _____ Emergency Info | |