



Honoring excellence. Celebrating intelligence. Rewarding creativity.

### APPLICATION FOR ENROLLMENT

Child's Legal Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Current Grade \_\_\_\_\_ Proposed Entry Date \_\_\_\_\_  Full-Time  Part-Time

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

- African American    Caucasian    Middle Eastern    Asian    Hispanic    Native American  
 Other \_\_\_\_\_    Multi-racial \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Public School District Child Resides In \_\_\_\_\_

Name(s) & Address(es) of school(s) previously attended and reasons for leaving

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Special Considerations (e.g. medical conditions/medications)

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

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Father's Legal Name \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Occupation, Education, Special Interest/Skills

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Steppingstone is an independent, accredited 501(c)(3) non-profit school (Young K - Grade 8) for gifted students and does not discriminate based on race, color, creed, gender/preference, religion or national or ethnic origin in the administration of any school policy or program.

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Mother's Legal Name \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Occupation, Education, Special Interest/Skills

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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 \_\_\_\_\_

Email \_\_\_\_\_ Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Occupation, Education, Special Interest/Skills

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Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ ZIP \_\_\_\_\_

Telephone \_\_\_\_\_

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Child's Strengths, Weaknesses, Special Interests

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Recent stresses (e.g. illnesses, deaths, new family members)

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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?

\_\_\_\_\_  
\_\_\_\_\_

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

- IMMUNIZATION RECORD:       attached    mail    fax    email  
 IQ EVALUATIONS RESULTS:       attached    mail    fax    email  
 1-3 LETTERS OF RECOMMENDATION (NON-RELATIVES):       attached    mail    fax    email

**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 \_\_\_\_\_

**FOR OFFICE USE ONLY!**

Age on Sept 1<sup>st</sup> of start year \_\_\_\_ Verbal IQ \_\_\_\_ Performance IQ \_\_\_\_ Full-Scale IQ \_\_\_\_

Psychologist(s) name \_\_\_\_\_ Phone \_\_\_\_\_

Additional Notes

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates of

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