

Ivy League School Application for Admission

Photo Optional

Please print or type and return to the ADMISSIONS OFFICE.

For academic year _____ Grade/Program _____

Applicant's Birth Date _____
Month / Day / Year

APPLICANT INFORMATION

Applicant's Last Name	First Name	Middle	Nickname	Gender
Home Address	City		State	Zip

Ethnic Background (optional):

African American Caucasian Middle Eastern Native American Other
 Asian American Hispanic/Latino Multiracial Pacific Islander

If you indicated multiracial, other, or wish to provide more detail, please do so here: _____

Does your child have any allergies? Yes No If yes, please specify: _____

Has your child ever received services in or out of school? Yes No

If yes, please specify: _____

SCHOOL INFORMATION

Current School	Telephone	Current Grade	Dates Attended	
School Address	City		State	Zip
School(s) previously attended	Grades		Dates Attended	

PARENT INFORMATION

Relationship to Applicant _____

Mr. Mrs. Ms. Miss Dr. Other _____

Last Name First Middle

Home Address
Zip

Home Telephone Cell

Name of Employer

Title or Position

Business Address

Business Telephone

High School State

College Degree Year

Other Education Degree Year

Relationship to Applicant _____

Mr. Mrs. Ms. Miss Dr. Other _____

Last Name First Middle

Home Address
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