

The MARSHALL School



Application for Admission

Application Date _____

For School Year 20____ to 20____

Applicant's Name: _____

Present Grade: _____

Applicant's Home Address: _____
(Street and Number)

(City and State)

(Zip)

County: _____

Phone: _____

Name usually called: _____

Sex: _____ Present Age: _____

Place of Birth: _____

Date of Birth: _____

Father's Name: _____

Name Usually Called: _____

Father's Occupation and Title: _____

Firm: _____

Business Address: _____ Phone: _____

Mother's Name: _____ Name Usually Called: _____

Mother's Occupation and Title: _____

Firm: _____

Business Address: _____ Phone: _____

Are Both Parents Living? _____ Are Parents Divorced or Separated? _____

Who is Legal Guardian? _____ With Whom Does Applicant Live? _____

Who is Responsible for Finances? _____ For Permissions? _____

Non-Custodial Parent: _____ Address: _____

Brothers and Sisters: Name Age School

Others Living at Home: _____

School(s) Attended for the Last Five Years:

<u>Grade</u>	<u>School</u>	<u>Dates of Attendance</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Referred By: _____

Please describe briefly the applicant's strengths: _____

Please describe briefly the applicant's learning weaknesses or problem areas:

If there is any unusual physical condition, please describe it here: _____

Please list any medications the student takes regularly: _____

Please attach any available reports and test results (WISC with subtest scores, Achievement Tests, Vision, Audiometric, Personality, Neurological, etc.) Please send the Record Release Authorizations to the appropriate school or professionals. Please do not return them to The Marshall School.

List teachers, therapists, physicians, psychologists, or psychiatrists who are familiar with the applicant's learning problem. If the student is currently in counseling please list the counselor first.

<u>Name</u>	<u>Address</u>	<u>Telephone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

By submitting a signed copy of this application to The Marshall School, the undersigned parents or legal guardians for the applicant authorize designated persons from The Marshall School to contact any of the person's listed above regarding the appropriateness of placement of the applicant into The Marshall School. Final determination of appropriateness at The Marshall School will be made by the Admissions Committee. This application form does not constitute an enrollment agreement. An application fee of \$75 must be submitted with this application.

Applicant's Signature

Parent or Guardian's Signature

Parent or Guardian's Signature

Return this application to:

Admissions Director
The Marshall School
1101-A Heatherstone Drive
Fredericksburg, VA 22407

The Marshall School admits students of any race, color or ethnic origin.

1101-A Heatherstone Dr. • Fredericksburg, VA 22407
(540) 412-5107 • www.themarshallschool.org • FAX (540) 412-5308