

Application For Admission

(New students only)

Child's Name _____

Date of Application _____

Female Male

Birthdate _____

For School Year _____

Parent's Name _____

Home Street Address _____

City _____

Work Street Address _____

City _____

Home Phone _____

Email Address _____

Parent's Name _____

Home Street Address _____

City _____

Work Street Address _____

City _____

Home Phone _____

Email Address _____

Who is financially responsible for the child? _____

How did you hear of The Antioch School? _____

Why are you interested in The Antioch School? _____

For Group/Grade:

Nursery Full-Time Part-Time

Kindergarten Full-Time Part-Time

Younger Group (First-third grade)

Older Group (Fourth-sixth grade)

Occupation _____

State _____ Zip _____

State _____ Zip _____

Work Phone _____

Occupation _____

State _____ Zip _____

State _____ Zip _____

Work Phone _____

What particular educational experiences do you want for your child? _____

Names and ages of child's siblings _____

Does your child have any concerns that we should be aware of? No Yes

If yes, please explain (use separate sheet if necessary) _____

To be considered for admission, please complete and sign this form and return with \$10 application fee to:

The Antioch School

P.O. Box 242

Yellow Springs, Ohio 45387

Parent Signature _____ Date _____

Non-Discriminatory Policy

The Antioch School admits children of any sex, race, color, religion, national or ethnic origin to all of the rights, privileges, and programs generally accorded or made available to children at the School. The Antioch School does not discriminate on the basis of sex, race, color, religion, national or ethnic origin in the administration of its educational policies, admissions, scholarship and loan programs, or athletic or other school administered programs.

BELOW FOR OFFICE USE ONLY

DATE RECEIVED _____ FEE ENCLOSED _____