



APPLICATION FOR ENROLLMENT *Include \$50.00 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 | |