

Application for Admission 2012–2013



Applicant Information

_____	_____	_____
Last Name	First Name	Middle Name
_____	_____	_____
Preferred Name	Gender	Place of Birth
_____	_____	_____
Age on September 1, 2012	Date of Birth (MM/DD/YYYY)	Language(s) Spoken
_____	_____	_____
		Religion (optional)

Ethnicity (check all that apply):

- | | | | |
|---|--|--------------------------------------|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Asian American | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Latino/Hispanic |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Middle Eastern American | <input type="checkbox"/> Multiracial | |

Program Information

(Program Information is used for planning purposes only and does not form a commitment or guarantee.)

Preferred Program Time: Mornings Afternoons

Possible Lunch Bunch Days: Mon. Tues. Wed. Thurs. Fri.

Medical Information

List the applicant's known allergies, medical issues, special conditions, and/or accommodations needed:

If the applicant is unable to participate in any part of the school's curricular or co-curricular programs for any reason (health, physical, religious, etc.), please explain:

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- | | | |
|------------------------------------|-----------------------------|------|
| <input type="checkbox"/> Pmt Recd: | #: | Amt: |
| <input type="checkbox"/> BC | <input type="checkbox"/> RC | |
| <input type="checkbox"/> CR | <input type="checkbox"/> TS | |

Application for Admission 2012–2013

Family Information

Parent 1:

- Mother Father Parent Guardian Partner
 Dr. Mr. Mrs. Ms.

First Name, Last Name

Street Address

City, State, Zip

Home Phone

Email

Cell Phone

Work Phone

Occupation

Employer

- Parents Married Single Parent
 Parents Divorced Mother Remarried
 Parents Separated Father Remarried

Parent 2:

- Mother Father Parent Guardian Partner
 Dr. Mr. Mrs. Ms.

First Name, Last Name

Street Address

City, State, Zip

Home Phone

Email

Cell Phone

Work Phone

Occupation

Employer

- Father Deceased Guardian
 Mother Deceased Domestic Partners

If parents are divorced, who has legal custody? Please describe the living arrangements/schedule of the applicant(s):

Contact information for parent(s)/guardian(s) not listed above:

Other emergency contact(s) not listed above (name, relationship to applicant, phone number):

Application for Admission 2012–2013



Family Information (continued)

Sibling(s) of the applicant(s) not attending NPES or NPES Preschool:

_____	_____	_____
Name	Age/Grade	Current School (if applicable)
_____	_____	_____
Name	Age/Grade	Current School (if applicable)

If you would like grandparents to receive news and invitations from the school, please list their names and addresses:

General Information

How did you become interested in NPES Preschool?

- Chicago Parent NPN Live in Neighborhood
 Word of Mouth Internet Other

Relative(s) or friend(s) who attend(ed) NPES:

Agreement (signatures required)

I, the undersigned, hereby make formal application for my child(ren) to enter NPES Preschool and enclose the non-refundable fee of \$150.00 (for each child). I understand that NPES Preschool relies on the information contained in this application and, therefore, any inaccuracies or omissions will be grounds for NPES Preschool to terminate any contract entered into based on this application. By executing this application, I authorize NPES Preschool to investigate my child(ren)'s records to secure information NPES Preschool deems pertinent.

In making application for my child(ren) to attend NPES Preschool, I attest that all of the information on this form is true to the best of my knowledge, and that any material omission or misstatement may result in non-acceptance or dismissal. Further, I hereby authorize NPES Preschool to contact schools and other sources and to obtain information to support this application. The undersigned releases NPES Preschool, its employees, agents, Board of Directors, as well as the sending institutions from any and all liability resulting from or pertaining to furnishing of records, documents, and other information provided to NPES Preschool for the purpose of admission.

I am aware of and agree to abide by, the fact that students are chosen by NPES Preschool on the basis of its professional interpretation of the information gathered during the application processes for the general welfare of the school. I understand that enrollment in NPES Preschool does not guarantee enrollment in North Park Elementary School.

All recommendations and materials submitted and engendered by the application process are held in strict confidence. By signing this application, I agree to waive the rights to review all student recommendations and materials submitted in the application process.

NPES Preschool admits students of any race, gender, sexual orientation, color, religion, national or ethnic origin, or physical disability to all rights, privileges, programs, and activities made available to the students at the school. This also includes its educational policies, admissions policies, scholarship and loan programs, and athletic and other school administered programs.

_____	_____	_____	_____
Signature (Parent 1)	Date	Signature (Parent 2)	Date