

APPLICATION FOR ENROLLMENT

PLEASE NOTE: A \$75 application fee must accompany this form, check made payable to The Roeper School.
PLEASE PRINT OR TYPE.

TODAY'S DATE		STAGE I (preschool) PROGRAM FOR WHICH YOU ARE APPLYING:				LEVEL FOR WHICH YOU ARE APPLYING:	
MONTH & YEAR OF PROPOSED ENROLLMENT		HALF DAYS* <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> FULL DAYS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> *mornings only MON TUES WED THUR FRI				LOWER SCHOOL <input type="checkbox"/> STAGE II (Kindergarten/1st Grade) <input type="checkbox"/> STAGE III (2nd/3rd Grade) <input type="checkbox"/> STAGE IV (4th/5th Grade)	
STUDENT'S FULL NAME		PREFERRED NAME		MIDDLE/UPPER SCHOOL GRADE _____			
DATE OF BIRTH	GENDER	IS YOUR CHILD A U.S. CITIZEN?		HAVE YOU PREVIOUSLY APPLIED TO ROEPER FOR THIS CHILD?			
HAVE YOU PREVIOUSLY APPLIED TO ROEPER FOR ANOTHER CHILD?		THAT CHILD'S NAME		YEAR OF HIS/HER APPLICATION			
PARENT #1's or GUARDIAN's FULL NAME				EMAIL ADDRESS			
PLEASE CIRCLE PREFERRED PHONE NUMBER FOR CONTACT							
HOME		BUSINESS		CELL/OTHER			
HOME ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)							
OCCUPATION				EMPLOYER			
BUSINESS ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)				DID YOU ATTEND ROEPER?		YEAR(S) YOU ATTENDED	
PARENT #2's or GUARDIAN's FULL NAME				EMAIL ADDRESS			
PLEASE CIRCLE PREFERRED PHONE NUMBER FOR CONTACT							
HOME		BUSINESS		CELL/OTHER			
HOME ADDRESS — IF DIFFERENT FROM PARENT #1'S (STREET ADDRESS, CITY, STATE, ZIP)							
OCCUPATION				EMPLOYER			
BUSINESS ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)				DID YOU ATTEND ROEPER?		YEAR(S) YOU ATTENDED	
PARENTS' MARITAL STATUS		IF APPROPRIATE, INDICATE CUSTODIAL PARENT		IF APPROPRIATE, PLEASE INDICATE			
NEVER MARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		JOINT <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/>		MOTHER DECEASED <input type="checkbox"/> FATHER DECEASED <input type="checkbox"/>			
SIBLING(S)		BIRTHDATE(S)		SIBLING(S)		BIRTHDATE(S)	
SCHOOL EXPERIENCE							
CURRENT GRADE		CURRENT SCHOOL					
SCHOOL ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)				SCHOOL PHONE			
TEACHER'S NAME				SCHOOL DISTRICT OF RESIDENCE			
OTHER SCHOOL(S) ATTENDED		GRADE		OTHER SCHOOL(S) ATTENDED		GRADE	

FINANCIAL AID —FA will not be considered until all forms are completed and uploaded online at <http://sss.nais.org>. Please indicate if you are applying for Financial Aid (available for Stage II - Grade 12; also for Stage I, 5 full days, if older sibling also enrolled). YES NO

Both parents/guardians listed on this application (custodial and non-custodial) will receive school mailings and information once the student is enrolled.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____