

# 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	PRESCHOOL LEVEL FOR WHICH YOU ARE APPLYING: (CIRCLE DAYS PREFERRED)		LEVEL FOR WHICH YOU ARE APPLYING:	
MONTH & YEAR OF PROPOSED ENROLLMENT	<b>STAGE I HALF DAY (3 – 5 YEARS)</b> <input type="checkbox"/> 5 DAYS AM (M-F) <input type="checkbox"/> 3 DAYS AM (M W F) <input type="checkbox"/> 2 DAYS AM (T TH)		<b>LOWER SCHOOL</b> <input type="checkbox"/> STAGE II (Kindergarten/1st Grade) <input type="checkbox"/> STAGE III (2nd/3rd Grade) <input type="checkbox"/> STAGE IV (4th/5th Grade)	
	<b>STAGE I FULL-DAY (3 – 5 YEARS)</b> <input type="checkbox"/> 5 DAYS M-F <input type="checkbox"/> 3 DAYS M T W T H F		<b>MIDDLE/UPPER SCHOOL</b> GRADE _____	
STUDENT'S FULL NAME		NICKNAME		
GENDER	DATE OF BIRTH		IS YOUR CHILD A U.S. CITIZEN?	
MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
HAVE YOU PREVIOUSLY APPLIED TO ROEPER FOR THIS CHILD?	FOR ANOTHER CHILD?	THAT CHILD'S NAME		YEAR OF HIS/HER APPLICATION
PARENT #1's or GUARDIAN's FULL NAME			E-MAIL 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)				
PARENT #2's or GUARDIAN's FULL NAME			E-MAIL 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)				
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)	
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	

<b>FINANCIAL AID</b> — PLEASE INDICATE IF YOU ARE APPLYING FOR FINANCIAL AID (NOT AVAILABLE FOR STAGE I) IF YES, PLEASE REQUEST FINANCIAL AID FORMS, OR YOU MAY DOWNLOAD THEM FROM <a href="http://sss.nais.org">http://sss.nais.org</a> . YES <input type="checkbox"/> NO <input type="checkbox"/>	
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SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_