



WYNCOTE ACADEMY
 7920 Washington Lane
 Wyncote, Pennsylvania 19095
 215-885-2000 fax 215-885-7417

APPLICATION FOR ADMISSION

Student Information

Student Name: _____ Sex: _____ Birthdate: _____ Age: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Current Grade: _____ Current School Attending: _____ School District: _____
 Date of Proposed Entrance: 20____ Fall: ____ Spring: ____
 Student's Social Security Number: _____

Family Data

Father's Name: _____	Mother's Name: _____
Home Address: _____	Home Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone: (____) _____	Phone: (____) _____
Father's Occupation: _____	Mother's Occupation: _____
Employer's Name: _____	Employer's Name: _____
Business Address: _____	Business Address: _____
_____	_____
Business Phone: (____) _____	Business Phone: (____) _____

Brothers and Sisters:

Name	Age	Sex	Current School & Grade -or- Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Others Living in Home:

Parent's Marital Status: Married____ Divorced____ Separated____ Other_____

If divorced or separated, who has custody of child? _____

If child resides with someone other than parents, please give name and address: _____

School History

Please list below the schools your child has attended, starting with the current school. Use additional paper, if necessary.

School Name / Address Phone Number	Date Entered Date Left	Last Full Grade Completed	Reason for Transfer
1.			
2.			
3.			
4.			

Parent Statement

Why do you want your child to attend Wyncote Academy? _____

How would you describe your child? Please indicate any special academic, social and personal strengths and weaknesses which will help us understand your child.

Child's Activities and Interests. Please list school, religious, civic, sports activities, and special interests or hobbies: _____

Future Plans / Goals of Child: _____

Describe any special circumstances which may have affected your child's performance in school (for example, illnesses, particular learning difficulties, frequent changes of home or school).

Student Statement

The following information should be completed by the student, in their own handwriting.

What do you enjoy doing most with your free time? _____

Please list any activities or achievements of which you are especially proud. _____

The most important thing in life that I have learned so far is... _____

Describe a person you admire or consider to be a hero. _____

What do you hope you will find at Wyncote Academy? _____

Other Information Sources

If your child has had any previous professional evaluations, please list below the names and addresses of the persons consulted, so we may request information from them.

Has your child ever had an Educational Evaluation? _____

Evaluator's Name: _____ Date: _____

Address: _____ Phone: _____

Has your child ever had a Psychological Evaluation? _____

Psychologist's Name: _____ Date: _____

Address: _____ Phone: _____

Has your child ever been in Psychotherapy? _____

Therapist's Name: _____ Date: _____

Address: _____ Phone: _____

Current School Counselor

Name: _____ School: _____

Address: _____ Phone: _____

Who referred you to Wyncote Academy?

Name: _____

Address: _____ Phone: _____

Additional information will be required to process this application. School records and professional evaluations are obtained by the Academy through a release of information form, signed by a parent or guardian.

A fee of \$35 is required with this application, which is not deductible or refundable. This covers the cost of an admission interview and processing the application information. If additional testing is necessary, this will be discussed with you and charges will be made according to our current fee schedule. In all cases, our findings will be reviewed with you and recommendations made whether or not your child matriculates.

We understand that if the applicant is accepted and enrolled, the parent/guardian is responsible for the payment of all fees each semester. Withdrawal or dismissal at any time during the semester does not release obligation for payment.

Signature of parents/guardians who are financially responsible for student:

Father: _____ **Date:** _____

Mother: _____ **Date:** _____

Guardian: _____ **Date:** _____

If any person(s) other than parents or guardians will be responsible for financial obligations, please complete the following:

I / We acknowledge that I / we will be responsible for the financial obligations of the applicant:

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Wyncote Academy Provides Equal Opportunity In Education

Wyncote Academy admits students without regard to race, color, religious creed, ancestry, national origin, or handicap to all the rights, privileges, programs and activities generally made available to students at the school. The school does not discriminate on the basis of race, religious creed, ancestry, sex or national origin in administration of its educational policies, financial aid program, and athletic and other school programs. This same statement of policy also applies to the employees of the school.