



9005 Roosevelt Way NE
Seattle, WA 98115
Phone: 206.526.8217
Fax: 206.525.6239
www.theperkinsschool.org

EARLY K - FIFTH GRADE

APPLICATION
2010-2011 Academic Year

Date of Application

Grade Applying for:

APPLICANT INFORMATION:

Child's Name Last First Middle Preferred Name/Nickname

Primary Address Street City State ZIP

Phone () D.O.B. Place of Birth

Previous school(s) attended Phone ()

FAMILY INFORMATION-PLEASE COMPLETE FOR EACH PARENT:

Parent Name Relationship to Child

Residence Address (if different from student)

Home Phone () Cell Phone () Work Phone ()

Place of Employment Occupation

E-mail Address (1) (2)

Parent Name Relationship to child

Residence address (if different from student)

Home Phone () Cell Phone () Work Phone ()

Place of Employment Occupation

E-mail Address (1) (2)

Parent relationship status: If divorced or separated, please explain custody arrangements and attach a parenting plan.

APPLICANT'S SIBLING INFORMATION:

Name Age/Grade School attending

Name Age/Grade School attending

APPLICANT'S MEDICAL INFORMATION:

Date of child's last physical Has child had chicken pox? If yes, when?

Name of Physician Phone ()

Name of Dentist Phone ()

Please explain health history, including allergies

INTELLIGENCE & PSYCHOLOGICAL EVALUATIONS:

While testing is not required to attend The Perkins School, we encourage parents to include any information about previous assessments with this application, as this helps us to better understand a student's strengths and challenges. The Perkins School has no minimum score requirement for admission. This information is kept confidential and is used to assess whether our program meets your child's needs.

Please specify any indication or diagnosis of psychological conditions _____

Has your child been professionally evaluated for learning difficulties or behavior problems? _____ If yes, please describe: _____

Has your child been professionally evaluated for accelerated learning or advanced intellectual capacities? _____ If yes, please describe: _____

PARENT QUESTIONNAIRE:

At The Perkins School, we seek students and families who view learning as a natural and important part of daily life. Perkins parents are dedicated to seeking the finest education for their child. We are looking for families who are committed to providing a home environment that promotes self esteem, responsibility, and life-long learning.

Why did you choose to apply to The Perkins School? _____

What aspects of Perkins' program interest you the most? _____

What are your long range plans for your child's education? _____

How often do you read to your child, or listen to your child read to you? _____

In what extracurricular activities does your child participate? _____

To what other schools (private, public or parochial) have you applied? _____

Comments or additional information: _____

How did you hear about The Perkins School? _____

ABOUT YOUR CHILD: *We would like to learn about your child. A parent's perspective allows us to form a more complete picture of each applicant and his or her family.*

In what kinds of academic and recreational activities does your child most like to participate? _____

How would you best describe your child's temperament at home? _____

How would your child approach a new or unfamiliar task? _____

Did your child attend an organized preschool program or childcare? _____ If yes, where? _____

How would you describe your child's interactions with other children or in a group situation? _____

What is your child most distracted by? _____

What kind of activities seem to hold your child's attention the longest? _____

Does your child have any particular fears? _____

What would you describe as your child's primary strengths? _____

What would you describe as your child's challenging areas? _____

Overall, what are your child's most prominent personality traits? (choose three)

Spirited
Calm
Dramatic
Diligent
Compliant
Independent

Stubborn
Shy
Assertive
Fragile
Intense
Cautious

Lively
Impetuous
Willful
Confident
Jovial
Congenial

Please feel free to add any other comments about your child. _____

For students applying to grades 1-5 only:

On a separate sheet of paper, please send along a sample of your student's work/writing. It can be of anything that is of interest to your child.

Signature of person completing the application:

Signature: _____ Printed Name: _____ Date: _____

Please provide the name, billing address, and signature of the person who will be responsible for tuition payments if your child is enrolled.

Person(s) responsible for tuition: _____ Relationship to Child: _____

Address: _____
Street City State Zip

Signature: _____ Date: _____

Please attach a recent photograph of your child to help us remember him or her (optional).

Submit this complete application to The Perkins School by January 29, 2010 accompanied by the following:

- \$75.00 application fee
- A copy of your child's birth certificate
- A copy of your child's immunization record
- Teacher Recommendation form
- Student Records Release form, if applicable

For Office Use Only

The Perkins School admits students of any race, color, national or ethnic origin and of any other legally protected status to all the rights, privileges, programs and activities generally accorded or made available to students at the school. We do not discriminate on the basis of race, color, national or ethnic origin or any other legally provided status in administration of educational policies, admissions policies, scholarship programs and athletic and other school administered programs.

*Thank you for completing this application, and for your interest in The Perkins School.
We wish your child the best educational experience possible.*