

Winston *Transitions*

APPLICATION for the 2016-2017 Academic Year

Full name of applicant _____ Date of birth _____

Home address _____
Street

City State Zip Code Country

Current school and grade _____

School address _____ Telephone _____
City State Zip Code

Former school(s): _____ from _____ to _____
_____ from _____ to _____
_____ from _____ to _____

HOUSEHOLD INFORMATION

Please complete the following information, as applicable.

HOUSEHOLD NO. 1

PARENT/GUARDIAN

Name _____

Relationship to applicant _____

Home address _____

Home phone _____

Cell phone _____

Email address _____

Occupation/Position _____

Company _____

Address _____

Business phone _____

College/University _____

PARENT/GUARDIAN

Name _____

Relationship to applicant _____

Home address _____

Home phone _____

Cell phone _____

Email address _____

Occupation/Position _____

Company _____

Address _____

Business phone _____

College/University _____

Does the applicant live in a second household? _____

HOUSEHOLD NO. 2

PARENT/GUARDIAN

Name _____
Relationship to applicant _____
Home address _____

Home phone _____
Cell phone _____
Email address _____
Occupation/Position _____
Company _____
Address _____
Business phone _____
College/University _____

PARENT/GUARDIAN

Name _____
Relationship to applicant _____
Home address _____

Home phone _____
Cell phone _____
Email address _____
Occupation/Position _____
Company _____
Address _____
Business phone _____
College/University _____

Please indicate with whom we should communicate regarding your application _____

Name of sibling(s) age(s), and current school(s) _____

How did you hear about Winston Prep?

- | | | |
|--|--|-----------------------------------|
| <input type="checkbox"/> Evaluator or Consultant | <input type="checkbox"/> Advocate or Attorney | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Friend/Family Member | <input type="checkbox"/> School Counselor/Psychologist | <input type="checkbox"/> Other |

Please elaborate: _____

MEDICAL AND TREATMENT INFORMATION

1. Please list any allergies or health issues that require special attention.

2. Please list all of your child's current prescribed medications and dosages.

3. Has your child been diagnosed with any medical or mental health conditions? Please explain.

This application is a request for admission. This application for admissions becomes binding only when the student is evaluated, accepted, and you have delivered a fully signed Enrolment Agreement to Winston. **Please complete, sign and return this form with the \$100.00 application fee and a current photograph of your child.**

Parent or Guardian

Date

The Winston Preparatory School admits students of any race to all the rights, privileges, programs, and activities generally accorded to students at this school. The school does not discriminate on the basis of race, sex, religion, or national origins in the administration of education policies, athletic programs, financial aid, payment plans, and other school administered programs.