



APPLICATION FOR ENROLLMENT

NAME OF CHILD _____ M/F AGE _____ DOB _____

PARENT/GUARDIAN NAME (if parents/guardians have two separate addresses, please give both)

HOME ADDRESS

E-MAIL _____

TELEPHONE NUMBER

HOME _____

WORK _____

School last attended _____

School Address _____

_____ Phone _____

Name of teacher _____ Present grade placement _____

Will your child be participating in the Before or After School Care programs? Yes No

Will you be requesting financial aid? Yes No

**RETURN THIS FORM TO WEST BRANCH SCHOOL WITH THE \$25 NON-REFUNDABLE
PROCESSING FEE (checks payable to West Branch School).**

Representatives of West Branch School have my permission to contact my child's teacher(s) for information concerning his/her social, emotional and intellectual development.

Signature of Parent(s) or Guardian(s) and Date

WBS admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarships, and other school-administered programs.



Parent Questionnaire

Please complete and return with your application. Please contact WBS with any questions. Your answers to the following questions will help us to know your child. Please feel free to expand your answers beyond the lines provided.

1. What is your family's educational philosophy?

2. As you see your child, what areas seem to be developing as his/her greatest assets?

Greatest needs?

3. Are there particular circumstances such as illness, physical limitations, reading difficulties, extenuating family circumstances, etc, that have affected and may continue to affect his/her performance? If so, please give details.

4. Has your child had remedial instruction and/or psychological evaluation or counseling? If yes, please give details.

5. Briefly, comment on your child's development in the area of peer relationships.

6. Please provide a brief estimation of how your child responds to learning situations in school (if applicable) – highly motivated, needs encouragement, etc.

7. What do you believe your role is in your child's education?

Parent/Guardian Signature

Date