

APPLICATION & TERMS OF ADMISSION

APPLYING FOR: Grade _____ School Year _____ Date Submitted _____
Before School Care for Academic Year _____ After School Care for Academic Year _____

Please select for Ages 2-6

Little Stars: Ages 2 & 3 5 Full Days (M-F) 3 Full Days (T, W, Th) 5 Half Days (M-F)

CPG: Ages 3 – 6 5 Full Days (M-F) 3 Full Days (T, W, Th) 5 Half Days (M-F)

Student Name _____ Nickname (if commonly used) _____

Date of Birth _____ Place of Birth _____ Sex _____

Student lives with Mother(s) Father(s) Other(s)

Parent Name _____

Employer/Position _____

Home Address _____

Business Phone _____

City, State, Zip _____

Cell Phone _____

Home Phone _____

Ethnic Origin (optional) _____

Email _____

Spiritual Preference (optional) _____

Parent Name _____

Employer/Position _____

Home Address _____

Business Phone _____

City, State, Zip _____

Cell Phone _____

Home Phone _____

Ethnic Origin (optional) _____

Email _____

Spiritual Preference (optional) _____

PRESENT OR MOST RECENT SCHOOL

Name _____

Street Address _____

City _____

State, Zip _____

Phone/Web Address _____

Does your child have any emotional or health condition of which the school should be made aware? yes no
If YES, please explain:

Has your child undergone any academic, diagnostic, psychological or other testing? yes no
If YES, please indicate below the nature of the testing and provide a copy of the test results with the application.

Is your child currently taking, or has s/he ever taken, any medication for a particular condition? yes no
If YES, please elaborate:

What do you see as your child's strengths?

What do you see as your child's areas for development?

Please feel free to attach any other information if space is not sufficient.



Over, please

Please list your child's interests, hobbies, and special talents:

What activities do you participate in as a family at home and in the community?

Please list the areas of expertise that you may want to share with the children at the school.

TERMS OF ADMISSION

Please read the following carefully and sign below.

- This application is a request for admission. All information shall be treated as confidential.
- The school reserves the right to accept or reject this applicant and also to request the withdrawal of any student if this action is thought to be of benefit to the student or the school.
- Oneness-Family School does not discriminate on the basis of race, religion gender, disability, national or ethnic origin, political affiliation, or sexual orientation in Admissions or in our Financial Aid policies.

I/We have read and understand these Terms of Admission. If my/our child is accepted and enrolled, I/we agree to the terms stated above.

Signature(s) of Parent(s) or Legal Guardian(s):

Signature _____ Date _____

Signature _____ Date _____

Please return Application Form and application fee to: Oneness-Family School
6701 Wisconsin Avenue, Chevy Chase, MD 20815
Attn: Office of Admissions