

TODAY'S DATE \_\_\_\_\_

ENTERING FALL OF YEAR \_\_\_\_\_

**SENECA ACADEMY  
PARENT'S DAY OUT APPLICATION  
FOR ADMISSION**

**STUDENT INFORMATION**

Full Name \_\_\_\_\_

Prefers to be called \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender  Male  Female

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

**FAMILY INFORMATION**

**Parent/Guardian's Name** \_\_\_\_\_ Title: Mr. | Mrs. | Ms. | Dr. | Other: \_\_\_\_\_

Relation to Child \_\_\_\_\_ Home Address (if different from applicant) \_\_\_\_\_

E-mail \_\_\_\_\_ Cell \_\_\_\_\_

Employer \_\_\_\_\_

**Parent/Guardian's Name** \_\_\_\_\_ Title: Mr. | Mrs. | Ms. | Dr. | Other: \_\_\_\_\_

Relation to Child \_\_\_\_\_ Home Address (if different from applicant) \_\_\_\_\_

E-mail \_\_\_\_\_ Cell \_\_\_\_\_

Employer \_\_\_\_\_

<b>Names of brothers and sisters</b>	<b>M/F</b>	<b>Date of Birth</b>	<b>Current School</b>	<b>Grade</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

How did you hear about Seneca Academy? \_\_\_\_\_

Please list the names of any Seneca Academy families you know \_\_\_\_\_

\_\_\_\_\_

**The following questions help us learn about your child. Please answer them to the best of your ability. Thank you.**

1. Does your child separate easily from you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Does your child have any special fears? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What are some of your child's favorite activities? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Is there anything else you would like us to know about your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **POLICIES**

Seneca Academy celebrates diversity and welcomes all applicants. The school is an independent institution and does not discriminate on the basis of any characteristic protected by law.

## **PARENT SIGNATURES AND AFFIRMATION**

I/we affirm that I/we have included all the relevant and necessary information that may affect this student's educational performance and progress. I/we understand that this information is to be reviewed only by the Admissions Committee to evaluate Seneca Academy's ability to appropriately meet the educational needs of this student. Further, I/we understand and accept that falsification, deception, or omission in any aspect of the application process may result in an immediate review and possible revocation of admission.

\_\_\_\_\_  
parent/guardian                      date

\_\_\_\_\_  
parent/guardian                      date

**Please mail the completed application and class selection form to:**

Seneca Academy  
Attention: Admissions Committee  
15601 Germantown Road  
Darnestown, MD 20874

