

TODAY'S DATE _____

ENTERING FALL OF YEAR _____

**SENECA ACADEMY
PRESCHOOL 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 _____

Occupation _____

Parent/Guardian's Name _____ Title: Mr. | Mrs. | Ms. | Dr. | Other: _____

Relation to Child _____ Home Address (if different from applicant) _____

E-mail _____ Cell _____

Employer _____

Occupation _____

Names of Siblings	M/F	Date of Birth	Current School	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

How did you hear about Seneca Academy? _____

Please list the names of any Seneca Academy families you know. _____

STUDENT BACKGROUND

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

1. Please list your child's previous school experience, if any. _____

2. What are some of your child's favorite activities? _____

3. Does your child separate easily from you? _____

4. Does your child have any special fears? _____

5. How do you discipline your child? _____

6. What do you expect to gain from our program? _____

7. 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 signature

date

parent/guardian signature

date

New Applicants: PLEASE RETURN APPLICATION BY MAIL WITH POSTMARK OF FEBRUARY 8 OR LATER.

Please mail the completed application and class selection form to:

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

