



## APPLICATION FOR ENROLLMENT

This application represents a request for enrollment for the school year specified below.  
This completed application must be accompanied by a **non-refundable application fee of \$50.00 made payable to The GreenMount School and a recent photograph of your child.**

### PLEASE PRINT LEGIBLY IN BLUE OR BLACK INK

APPLICATION IS MADE FOR THE SCHOOL YEAR \_\_\_\_\_ FOR GRADE \_\_\_\_\_

Child's full legal name: \_\_\_\_\_  
first middle last

Nickname: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Child's home address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
number street city zip

Mother/Legal Guardian/Parent's name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Home address (if different from above) \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
number street city zip

Place of employment: \_\_\_\_\_ Position: \_\_\_\_\_

Employment address: \_\_\_\_\_ Work phone: ( ) \_\_\_\_\_

Best Email address: \_\_\_\_\_ Work or Home?  
circle

Father/Legal Guardian/Co-Parent's name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Home address: (if different from above) \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
number street city zip

Place of employment: \_\_\_\_\_ Position: \_\_\_\_\_

Employment address: \_\_\_\_\_ Work phone: ( ) \_\_\_\_\_

Best Email address: \_\_\_\_\_ Work or Home?  
circle

If you are a single parent, do you have sole, full legal custody of the child listed above? \_\_\_\_\_

How did you learn about The GreenMount School? \_\_\_\_\_

## PREVIOUS SCHOOL EXPERIENCE

Current school/pre-school: \_\_\_\_\_ Attending from (year): \_\_\_\_\_

School address: \_\_\_\_\_ Phone:( ) \_\_\_\_\_ Fax:( ) \_\_\_\_\_  
*required*

Reason for transferring: \_\_\_\_\_

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List other schools and/or educational programs your child has attended. Please include tutoring programs and home schooling. You may use a separate sheet of paper and attach to this form.

School/Program: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Reasons for transferring: \_\_\_\_\_

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Reasons for transferring: \_\_\_\_\_

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School/Program: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Reasons for transferring: \_\_\_\_\_

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## STUDENT INFORMATION

The purpose of this questionnaire is to have you share some information about your child and your relationship with your child's previous school. Please answer the following questions in detail.

You may use a separate sheet of paper and attach to this form.

Outline your specific educational goals for your child: \_\_\_\_\_

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Describe your child's strengths and needs: \_\_\_\_\_

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Describe your child's experience in meeting classroom expectations: \_\_\_\_\_

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Describe your child's response to other children in a group setting: \_\_\_\_\_

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Describe your relationship with teachers, administrators, and other parents at your child's previous school: \_\_\_\_\_

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How does your child spend his/her free time? \_\_\_\_\_

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Does your child have any physical, emotional, medical, and/or learning disabilities? Yes \_\_\_\_ No \_\_\_\_

If yes, please describe: \_\_\_\_\_

Does your child take any medications for any of these conditions? Yes \_\_\_\_ No \_\_\_\_

If yes, please list medications and the reasons they have been prescribed: \_\_\_\_\_

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**If your child has any diagnosed physical, emotional, medical, and/or learning disabilities, you must provide all educational, psychological, and medical records/testing along with this application.**

## PARENT INFORMATION

The GreenMount School is a family cooperative and believes strongly in the importance of family participation and support in a child's educational growth.

Below, please address the following areas of cooperation, community, and involvement.  
Please complete the information for each parent/guardian.  
If necessary, attach an additional sheet of paper to this form.

1. Your support in your child's education: \_\_\_\_\_

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2. Your willingness and experience in working cooperatively with teachers and other parents:

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3. Your dependability with returning paperwork and making payments: \_\_\_\_\_

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4. Any strengths, skills, experience, training or interest that may benefit the school through the Family Co-operative: \_\_\_\_\_

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Parent/Legal Guardian's signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian's signature \_\_\_\_\_ Date: \_\_\_\_\_

Submit completed application to: **The GreenMount School 501 W. 30<sup>th</sup> Street Baltimore, MD 21211**

*For office use only:*

Date application received \_\_\_\_\_

Date application fee received \_\_\_\_\_ Check number \_\_\_\_\_