



THE SCHOOL of CHOICE

Please complete both sides of this form and return to:

Admissions Dept.
The School of Choice
– 1095 Dunford Way
– Suite E-8
F Sunnyvale, CA 94087-7915

- u
- _____ Full-time Day School
 _____ After School Enrichment
 _____ Independent Study Program
 _____ Summer School

Applying to Enter Grade(s) _____

Student Information for 2009-10

| | | | | |
|--------------------------|---------------------------|--------|-------------------|--------------------|
| Last | First | Middle | Gender: M | F |
| Last | First | Middle | Gender: M | F |
| Last | First | Middle | Gender: M | F |
| Preferred or Nickname | Birthdate: month/day/year | Age | Home Phone Number | Other Phone Number |
| Permanent Street Address | City | State | Zip Code | |

First Parent's or Guardian's Information

Second Parent's or Guardian's Information

| | |
|---|---------------------------------------|
| Last Name: | Last Name: |
| First Name: | First Name: |
| Preferred or Nickname: | Preferred or Nickname: |
| Preferred Title: Mr. Dr. Miss Ms. Mrs. Other: | Title: Mr. Dr. Miss Ms. Mrs. Other: |
| Street Address: | Street Address: |
| City: | City: |
| State: Zip Code: | State: Zip Code: |
| Home Phone: () | Home Phone: () |
| Occupation: | Occupation: |
| Employer/Firm: | Employer/Firm: |
| Business Phone: () | Business Phone: () |
| Cell Phone: () | Cell Phone: () |
| Fax: | Fax: |
| Email: | Email: |
| Partner, if not child's parent: | Partner, if not child's parent: |

Educational Background

| | | |
|-----------------------------------|----------------|------------|
| Current School – List School Name | School Address | For Grades |
|-----------------------------------|----------------|------------|

| | | |
|---|--|--|
| | | |
| Why did you select The School of Choice? | | |
| Are you applying to other schools? Yes No If so, to what other schools? | | |

Sibling or Second Applicant's Information

| Name | Relationship to student | Birth Date | Age |
|------|-------------------------|------------|-----|
| | | | |
| | | | |

Questions for Parents

Does your child have medical conditions requiring special treatment? Yes No If so, please elaborate:

Has your child ever repeated or skipped a grade? Yes No If so, please elaborate:

Has your child been suspended from school or arrested in the past two years? Yes No Please elaborate:

Does your child have any learning challenges that require additional support? Yes No If so ...

Please describe any testing your child may have taken. Enclose relevant STAR tests, IQ scores, PSAT's etc.

Does your child need special assistance learning English? Yes No If so ...

Describe his or her level of English instruction.

How does your child respond to new social situations?

Questions for Students

How do they respond to fresh intellectual challenges?

What are their greatest academic strengths?

What is their greatest weakness?

Why do you want to attend *The School of Choice*? How does education fit in with your life goals and your current interests?

How do at would you most like to contribute to *The School of Choice* community?

| What kinds of extracurricular activities most interest your child? | | |
|--|----------------------|--------------------------------|
| Activity or Interest | Years of Involvement | Awards, Honors, Positions etc. |
| 1. | | |
| 2. | | |
| 3. | | |

Please check here if you plan on submitting an application for financial aid.

Please return this completed application along with a \$50.00 registration check made out to *The School of Choice* (full-time day school only). Also include relevant test materials: Grades, STAR Reports, IQ scores, etc. Upon attending our school class behavior will be one of the conditions of attending The School of Choice.

Thank you.

Signature of Parent or Guardian

Date

The School of Choice

1095 Dunford Way, Room E-8

Sunnyvale, CA. 94087

(408) 887-5108

To Whom It May Concern:

Our child has transferred to The School of Choice. Please release all school records to registrar at the above address.

Signature of Parent or legal guardian: _____

Date of Signature: _____