

APPLICATION
20__-20__ Academic Year



9005 Roosevelt Way NE
Seattle, WA 98115
206.526.8217
www.theperkinsschool.org
admissions@theperkinsschool.org

APPLICANT INFORMATION (Please include a \$75 fee):

Child's Name _____
Last First MI Preferred Name/Nickname

Primary Address _____
Street City State ZIP

Home Phone (____) _____ D.O.B. _____ Grade Applying For: _____

Current school or preschool: _____ Phone (____) _____

FAMILY INFORMATION-PLEASE COMPLETE FOR EACH PARENT:

1. Parent Name _____ Relationship to Child _____

Residence Address (if different from student) _____

Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____ Email _____

Place of Employment _____ Occupation _____

2. Parent Name _____ Relationship to Child _____

Residence Address (if different from student) _____

Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____ Email _____

Place of Employment _____ Occupation _____

APPLICANT'S SIBLING INFORMATION:

Name _____ Age/Grade ____/____ School Attending _____

Name _____ Age/Grade ____/____ School Attending _____

APPLICANT'S MEDICAL INFORMATION:

Please explain health history, including allergies

APPLICATION INFORMATION:

To what other schools (private, public or parochial) have you applied?

INTELLIGENCE & PSYCHOLOGICAL EVALUATIONS:

While testing is not required to attend The Perkins School, parents should include any information about previous assessments with this application. Likewise, parents should include information if their child has any indication or diagnosis of psychological conditions or has been professionally evaluated for learning difficulties or behavioral problems. *(This information is kept confidential, helps us better understand a student's strengths and challenges, and is used to assess whether our program meets your child's needs).*

PARENT QUESTIONNAIRE: We would like to learn about your child. A parent's perspective allows us to form a more complete picture of each applicant and his or her family. You are welcome to attach additional sheets.

1. How would your child approach a new or unfamiliar task?

2. How would you describe your child's interactions with other children or in a group situation?

3. What is your child most distracted by, and what holds your child's attention the longest?

4. Describe your child's strengths and how they have or have not been appreciated in his or her current school program.

5. What would you describe as your child's challenging areas?

6. Overall, what are your child's most prominent personality traits? (Choose three to five)

Spirited Stubborn Lively Calm Shy Dramatic Assertive Willful Diligent Fragile Confident Compliant Intense

Jovial Independent Cautious Congenial Reserved _____

7. How did you hear about The Perkins School? _____

SIGNATURE OF PERSON COMPLETING APPLICATION:

Signature: _____ Printed Name: _____ Date: _____

The Perkins School admits students of any race, color, national or ethnic origin and of any other legally protected status to all the rights, privileges, programs and activities generally accorded or made available to students at the school. We do not discriminate on the basis of race, color, national or ethnic origin or any other legally provided status in administration of educational policies, admissions policies, scholarship programs and athletic and other school administered programs.