

APPLICATION FOR ADMISSION

September School

96 Arapahoe, Boulder, Colorado 80302

(303) 443-9933

www.septemberschool.org

To Be Completed by Parent or Guardian. Please print.

Application for Grade (circle one) 9 10 11 12 School year of Entrance: _____

STUDENT INFORMATION

Name : _____
(First) (Middle) (Last)

Name Commonly goes by: _____ Date of Birth: _____ Age: _____

Current School and Years Attended: _____

Present Grade: _____

How did you hear about September School?: _____

FAMILY INFORMATION

Student lives with:

Mother & Father Mother/Stepfather Father/Stepmother Mother Only Father Only
Guardian _____ Other _____

	Father	Mother	Guardian
Name			
Home Address			
phone #			
Employer & Position			

Previous School(s) Attended

Name of School City State Grades

1. _____

2. _____

3. _____