



**THE VILLAGE SCHOOL
APPLICATION FOR ENROLLMENT
2017-2018**

Student's Information

New Student **Returning Student**

Last Name _____ First Name _____ MI _____
 Preferred Name _____ Gender M F Date of Birth ____/____/____
 Address _____
 City _____ ST _____ Zip _____ Phone _____
 Race: Caucasian African American Asian Hispanic Other _____
 Last 4 digits of SS# _____ Church Affiliation _____
 Allergies/Restrictions _____
 Child's Physician _____ Phone _____

Father's Information

Name _____ Last 4 digits of SS# _____
 Address (if different from student) _____
 City _____ ST _____ Zip _____ Church Affiliation _____
 Occupation _____ Employer _____ Marital Status _____
 Home Phone _____ Cell Phone _____ Work Phone _____
 Primary E-mail _____
 Legal Custody of Child Y N Permitted to remove child from school Y N (legal document req'd)

Mother's Information

Name _____ Last 4 digits of SS# _____
 Address (if different from student) _____
 City _____ ST _____ Zip _____ Church Affiliation _____
 Occupation _____ Employer _____ Marital Status _____
 Home Phone _____ Cell Phone _____ Work Phone _____
 Primary E-mail _____
 Legal Custody of Child Y N Permitted to remove child from school Y N (legal document req'd)

Please check the class that your child should be enrolled in for the **2017-2018** school year.
 Class placement is based on your child's age as of September 1, 2017.

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Infant | <input type="checkbox"/> Pre-K Two Full Day | <input type="checkbox"/> Pre-K Three Full Day | <input type="checkbox"/> Jr. Kindergarten |
| <input type="checkbox"/> Pre-K One Full Day | <input type="checkbox"/> Pre-K Two MWF | <input type="checkbox"/> Pre-K Three MWF | (4 Year Old, 5 Full Day) |
| <input type="checkbox"/> Pre-K One MWF | <input type="checkbox"/> Pre-K Two T-Th | <input type="checkbox"/> Pre-K Three T-Th | <input type="checkbox"/> Pre-K Four |
| <input type="checkbox"/> Pre-K One T-Th | <input type="checkbox"/> Pre-K Two 5 Half Day | <input type="checkbox"/> Pre-K Three 5 Half Day | (4 Year Old, 5 Half Day) |
-
- | | |
|--|--|
| Aftercare Pre-K Two - Three | Aftercare Jr. Kindergarten |
| <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri | <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri |

Office Use Only

Application Fee _____ Check # _____ Ck. Date _____ Date Received _____ Time _____