

## Application for Admission

The Chestnut Hill School reaffirms its long-standing policy of non-discriminatory admission of students. The Chestnut Hill School admits students of any race, color, religion, gender, family structure, sexual orientation, or national and ethnic origin to all rights, privileges, programs and activities generally afforded or made available to students at the school. The school does not discriminate in violation of any law or statute in the administration of its educational policies, financial aid programs, and athletic or other school-administered programs.

▶ Please attach a photograph of your child with family/guardian. ◀

### Applicant Information

Applicant's Name (First/Middle/Last)

Preferred First Name/Nickname

Date of Birth (Month/Day/Year)

Male Female

Current Grade

Grade Applying for

Applicant's Current School

Current School's Phone

Current School Address (Street, City /Town, State, Country, Zip)

Applicant's Current Teacher

Current School's Head/Principal/Director

### Sibling Information

Sibling's Name

Date of Birth (Month/Day/Year)

Current School

Sibling's Name

Date of Birth (Month/Day/Year)

Current School

Sibling's Name

Date of Birth (Month/Day/Year)

Current School

Sibling's Name

Date of Birth (Month/Day/Year)

Current School

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## Parent/Guardian Information

Preferred Title

Mr.       Mrs.       Ms.       Dr.       Other \_\_\_\_\_

Parent/Guardian's Name (First/Middle/Last)

Home Address (Street, City/Town, State, Country, Zip)

Home Phone

Occupation

Cell Phone

Business/Employer Name

Business Phone

Business/Employer Address (Street, City /Town, State, Country, Zip)

E-mail Address

Preferred Title

Mr.       Mrs.       Ms.       Dr.       Other \_\_\_\_\_

Parent/Guardian's Name (First/Middle/Last)

Home Address (Street, City/Town, State, Country, Zip)

Home Phone

Occupation

Cell Phone

Business/Employer Name

Business Phone

Business/Employer Address (Street, City /Town, State, Country, Zip)

E-mail Address

**A \$50 non-refundable application fee must accompany this application.**  
*If you require assistance with the Application Fee, please contact the Director of Financial Aid (x641).*

The undersigned, individually and as the representative of the above referenced applicant(s), hereby agree(s) that The Chestnut Hill School (School) is authorized to conduct observations and admission tests, and that the School will receive and retain these test results and observations and confidential recommendations regarding the applicant(s), which documents may not be disclosed to the undersigned or the applicant(s).

Parent/Guardian Signature

Date (Month/Day/Year)

Parent/Guardian Signature

Date (Month/Day/Year)

