

*Family/Guardian
History Form*

Applicant's Name (First/Middle/Last)

Date of Birth (Month/Day/Year)

Grade Applying For

- 1 Why are you considering The Chestnut Hill School for your child?
- 2 What type of educational environment are you seeking for your child?
- 3 In your experience what educational environment has been most effective in meeting the educational goals for your child?
- 4 Do you have copies of or are you aware of any evaluations or reports that may assist The Chestnut Hill School in identifying educational opportunities for your child? If so, please describe.

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