



ADMISSION APPLICATION

Year applying for: 2008-09

A. CANDIDATE INFORMATION

Name (First/Middle/Last) Birth Date (month/day/year) Gender Current Baker Sibling?

Present School and Address Current Grade

- Applying to the following grade:
Toddler applicants only:
Preschool applicants only:
[ ] 2 day Toddler [ ] 3 day Toddler [ ] 5 day Toddler
[ ] 2 day Preschool [ ] 3 day Preschool [ ] 5 day Preschool
[ ] 8:15 -10:15 a.m. [ ] 11 a.m.-1 p.m. [ ] Either
[ ] Morning [ ] Afternoon [ ] Either
[ ] Kindergarten [ ] 1st Grade [ ] 2nd Grade
[ ] 3rd Grade [ ] 4th Grade [ ] 5th Grade
[ ] 6th Grade [ ] 7th Grade [ ] 8th Grade

School/Program(s) Attended - if applicable Location(s) Grade(s) Date(s)

B. FAMILY INFORMATION

[ ] Parent 1 [ ] Guardian [ ] Mr. [ ] Ms. [ ] Dr. [ ] Parent 2 [ ] Guardian [ ] Mr. [ ] Ms. [ ] Dr.

Name (First/Middle/Last) Name (First/Middle/Last)

Home Address Home Address

City/State/Zip City/State/Zip

Home Phone Cell Phone Home Phone Cell Phone

Email Address Email Address

Employer and Occupation Employer and Occupation

Business Address Business Address

Business Phone Business Phone

School(s) Attended Degree(s) School(s) Attended Degree(s)

[ ] Parents Married [ ] Parents Divorced [ ] Parents Separated [ ] Single Parent [ ] Guardian Relationship of Guardian:

If parents are divorced, who has legal custody? Joint custody?

Father remarried – Stepmother’s name: \_\_\_\_\_

Mother deceased

Mother remarried – Stepfather’s name: \_\_\_\_\_

Father deceased

### C. STUDENT EVALUATIONS

Please list **all** school or private evaluations your child has had, including the date and test(s) administered (i.e. IEP, 504 accommodations, special services outside school hours such as social work, speech and language, learning disabilities, etc.). This information is an obligatory step of Baker’s admissions and enrollment process. If the School becomes aware that this required information was withheld after the child has been admitted and enrolled, any enrollment contract between the family and Baker will be voided, and the child will no longer be able to attend.

Describe any medical or other difficulties which should be taken into consideration in planning your child’s experience at Baker:

### D. FINANCIAL INFORMATION

Who will be financially responsible for the applicant?  Both parents  Parent 1  Parent 2  Guardian  Other

### E. REASON FOR APPLICATION

Please **attach** a description of your child’s developmental, social and academic history and a brief explanation of why you feel Baker Demonstration School would be a good fit for your child and family.

### F. OTHER INFORMATION

Applicants’ Ethnic Identity (Optional)

African-American/Black  Alaskan Native/Pacific Islander  Asian-American  Caucasian/White  Hispanic/Latino(a)

International  Middle Eastern  Multiracial  Native American  Other: \_\_\_\_\_

Other Children in the Family:

Name(s):

Birthdate(s):

School(s):

Child’s Primary Language: \_\_\_\_\_

Child’s Second Language: \_\_\_\_\_

Who else in the home speaks a language other than English? \_\_\_\_\_

Other schools being considered for this candidate: \_\_\_\_\_

Please list any friends or relatives who have attended Baker Demonstration School:

All of the above information is true to the best of my knowledge. I authorize Baker Demonstration School, Inc.® to contact schools and other sources to obtain information to support this application. I authorize Baker Demonstration School, Inc.® to investigate my child’s academic record and performance and to secure information Baker Demonstration School, Inc.® deems pertinent. A **\$60 non-refundable application fee** will be required at the time of application submission. All children entering Baker Demonstration School, Inc.® must have a medical exam before the start of school.

Date: \_\_\_\_\_ Signature(s): \_\_\_\_\_

For office use only

Application fee \$60

Date Paid: \_\_\_\_\_

Date Entered: \_\_\_\_\_