



## PRE-SCHOOL APPLICATION

### Applicant Information (attach a small photo - optional) \_\_\_\_\_

Student Name: First/Middle/Last \_\_\_\_\_

Name Called \_\_\_\_\_

Current School/School Address \_\_\_\_\_

Application for Admission to Age Level/Grade \_\_\_\_\_ Language \_\_\_\_\_ for academic year 20- /20-

Days per week \_\_\_\_\_ Male  Female  Date of Birth (mm/dd/yy) \_\_\_\_\_ Nationality \_\_\_\_\_

Potty Trained Completed  In process  Not yet

### Applicant's Address

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Preferred Phone ( ) \_\_\_\_\_

Who lives with the student at this address? Check all that apply:

Father  Mother  Stepfather  Stepmother  Other

Parents are: Check all that apply: Married  Divorced  Widowed  Separated  Other

### Family Information: Please provide information about family with whom student resides:

Parent or Guardian:  Dr.  Mr.  Mrs.  Ms.

Parent or Guardian:  Dr.  Mr.  Mrs.  Ms.

Name in Full \_\_\_\_\_

Name in Full \_\_\_\_\_

Preferred Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Cell/Mobile Phone \_\_\_\_\_

Cell/Mobile Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Countries of Origin \_\_\_\_\_

Countries of Origin \_\_\_\_\_

Other Parent Information (Please provide information about additional households if applicable):

Name \_\_\_\_\_

Name \_\_\_\_\_

Relation to Student \_\_\_\_\_

Relation to Student \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Preferred Phone \_\_\_\_\_

Preferred Phone \_\_\_\_\_



## Pre-School Application

### Family Information:

Please give the names, current grade and current school for all siblings:

Name	Current Grade	Current School
Name	Current Grade	Current School
Name	Current Grade	Current School

Are any siblings currently applying to Da Vinci International School? Yes  No

Why do you believe that Da Vinci International School will be a good educational environment for your child?

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(A separate sheet may be attached.)

In a short paragraph, please tell us more about your child, including, strengths, weaknesses, and other characteristics.

### Counseling/Testing: (if applicable)

Please list any educational evaluation administered by a clinical psychologist, psychiatrist or counselor and submit

Please submit the Application Fee of \$100 with your pre-school application

**Payment Methods** (*Check, AMEX, VISA, MC, DISC*)

Check # \_\_\_\_\_

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Name on Card \_\_\_\_\_ Card Number \_\_\_\_\_

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Expiration Date \_\_\_\_\_ Billing Zip Code \_\_\_\_\_ CSS Number (back 3-digit Visa/MC; front 4-digit Amex) \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_