



- New Applicant  
 Returning Student

Year: \_\_\_\_\_

## BLOSSOM WOOD DAY SCHOOL

### APPLICATION FOR SUMMER ADMISSION

#### STUDENT INFORMATION

- Male  
 Female

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Student's most recent educational experience was provided at:

- Home  
 Home Day Care/Child Care Center  
 Private School  
 Public School

Other schools previously attended (list most current school first):

School Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date of Attendance: \_\_\_\_/\_\_\_\_/\_\_\_\_

School Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date of Attendance: \_\_\_\_/\_\_\_\_/\_\_\_\_

Has student received any special educational services?  Yes  No

If yes, please explain and give dates of service: \_\_\_\_\_

Has student been tested for developmental delays or special educational needs including visual, auditory, learning or behavioral?  Yes  No

If yes, please explain and give dates of service: \_\_\_\_\_

Does the student qualify for free or reduced lunch at their current school?  Yes  No

\_\_\_\_\_

\_\_\_\_\_

**FAMILY INFORMATION**

Mother's Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Cell: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Work Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Father's Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Cell: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Work Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

If remarried, please list stepparent's Name(s): \_\_\_\_\_  
\_\_\_\_\_

Sibling Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Present School: \_\_\_\_\_ Grade: \_\_\_\_\_

Sibling Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Present School: \_\_\_\_\_ Grade: \_\_\_\_\_

Please list other persons whom the student lives with and their relationship: \_\_\_\_\_  
\_\_\_\_\_

Please list other relatives that currently or in the past have attended Blossom Wood: \_\_\_\_\_  
\_\_\_\_\_

**STUDENT'S PERSONAL HISTORY**

Please list a few words that describe your child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please comment on your child's current school experience and setting: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What activities does your child enjoy most? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your child's greatest school day challenges? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## MEDICAL INFORMATION

Please list any health concerns (*including allergies, special medical conditions, specific fears, and food restrictions*)

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My child has asthma  Yes  No

My child knows how to swim  Yes  No

Physician: \_\_\_\_\_ Office Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Preferred hospital (in case of emergency): \_\_\_\_\_

My child needs the following medication (must fill out Authorization to Dispense Medication form: \_\_\_\_\_)

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## EMERGENCY CONTACT / AUTHORIZED PICK-UP

The following persons are authorized for pick-up due to illness, weather, or other emergency if the school is unable to reach the parent(s):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_