



Maternal Grandparents \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Paternal Grandparents \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

If either or both parents are deceased, if parents are separated or divorced, or if either or both parents are remarried, please so state and indicate with whom the applicant lives.

\_\_\_\_\_  
\_\_\_\_\_

Names and relationships of other adults in the household.

\_\_\_\_\_  
\_\_\_\_\_

Please list names of applicant's brothers and sisters, their ages, schools they now attend, and their year in school.

\_\_\_\_\_  
\_\_\_\_\_

Pediatrician \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Affiliation \_\_\_\_\_

List schools previously attended, with dates of attendance (include present school, kindergarten and preschool as applicable).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the applicant ever skipped or repeated a grade? (Please state grade and the circumstances involved).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe any particular circumstances which have been factors in the applicant's previous school experience (i.e. artistic or athletic abilities, frequent moves, health problems, reading difficulties, etc.).

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Has the applicant ever received an educational or psychological evaluation? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of evaluator \_\_\_\_\_ Date of evaluation \_\_\_\_\_

Please provide a copy/copies of any educational or psychological evaluations.

The following people are authorized to pick up after school (include phone numbers).

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If unexpected circumstances, if parents cannot be reached, please notify:

Name	Phone
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By whom was Clayton Academy recommended, or what was your source of information about the school?

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What are your goals for your child?

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What are your expectations of the school in helping to attain these goals?

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Is there any additional information which you believe would be helpful to us in reaching our admission decision?

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