

THE ARLINGTON SCHOOL APPLICATION MATERIALS



1312 22ND Street South
Birmingham, Alabama 35205
Phone: 205-939-3665
Fax: 205-939-3664

Student's name _____

Grade _____

Today's date _____

“Dedicated to the success of the individual student”

The Admission Process at The Arlington School

All information must be completed and returned to The Arlington

1. An informational interview is conducted with parents and the prospective student.
2. If standardized achievement test scores and grades are available from the most recent school year, please submit these. The school can fax this information to The Arlington School at 205-939-3664 or send the information in with the student's application.
3. Send any other necessary test results or information to The Arlington School.
4. A complete application with a non-refundable registration fee of \$150.00 is required.

Send all information to:

The Arlington School

1312 Twenty-second Street South

Birmingham, AL 35205

Fax: 205-939-3664

*****If your child is not accepted to The Arlington School, we do not state the reason why. As a private school, we reserve the right to accept or deny any student's admission to the school (refer to nondiscriminatory policy).**

The Arlington School Application for Admission

A. Applicant Data

Grade for which applying: _____ Date admission is desired: _____

Student's Full Name: _____

Home Phone #: _____ Cell Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Sex: M / F (circle one)

SSN: _____

Last School Attended: _____

School Address: _____

City: _____ State: _____ Zip: _____

School Phone: _____ Grade Completed/Enrolled: _____

Student Information

Please Print

Student Name _____

Current Address: _____

Parent Phone #s _____ (best to be reached)

Mother Work# _____ Cell# _____ Home # _____

Father Work # _____ Cell# _____ Home # _____

Mother Email address: _____

Father Email Address: _____

Student Cell # _____

Student Email Address _____

Father's name _____

Address if different from above _____

City _____ State _____ Zip code: _____

Business profession _____ Business name _____

Mother's name _____

Address if different from above _____

City _____ State _____ Zip code: _____

Business profession _____ Business name _____

Additional emergency contacts: (in the event parents cannot be reached)

Name/Relationship: _____ / _____ Phone # _____

Name/Relationship: _____ / _____ Phone # _____

Student's Physician: _____ Phone # _____

Health Problems/Allergies: _____

Daily Medication: _____

Prescription Medication to be given at school:

Name of Medication: _____ Time to be given: _____

Name of Medication: _____ Time to be given: _____

Other medications such as Tylenol, Ibuprofen, Advil, Claritin, Zyrtec, etc. _____

B. I, the undersigned parent or guardian, of the above named student, give full authority to The Arlington School personnel to treat my child for cuts, bruises, and to have my child treated for emergency medical purposes at a hospital emergency room.

Parent's signature: _____ **Date:** _____

Additional Family Data (To be completed if parents are divorced, separated, or if student resides with a legal guardian).

Name of Legal Guardian: _____

Address (if different from above): _____

Home Phone # _____ Cell Phone #: _____

Business Profession: _____

Business Address: _____

Work #: _____ Cell#: _____

Email Address: _____

If separated or divorced, with which parent does the child reside? _____

To whom should school notices be sent? _____

Does school personnel have permission to contact non-custodial parent? _____

Emergency Contact (other than previously listed)

1. Name _____

Relation _____

Phone # _____ Email _____

1. Name _____

Relation _____

Phone # _____ Email _____

Supplemental Information (Parents or Guardians complete this section)

As parent(s): How did you become interested with The Arlington School?

Has your child:

- Expressed a desire to attend The Arlington School? _____
- Enjoyed school in the past? _____
- Ever been tested or recommended for a special education program? _____
- Ever had a learning disability or attention disorder? _____ If yes, please explain on a separate page and have results forwarded to The Arlington School.
- Ever had medication prescribed for a learning or attention disorder? _____ If yes, name of medication _____
- Been suspended or expelled? _____ If yes, please explain on a separate page.
- Taken illegal drugs of any kind? _____ If yes, please explain on a separate page.
- Been arrested? _____ If yes, please explain on a separate page.
- Received honors, taken special lesson, or been involved in special programs? _____ If yes, please explain on a separate page.

References

Please list below the requested information of any two of the following who would be familiar with the character of your child; Teacher, Principal, Counselor, Psychologist, or Physician.

1. Name: _____

Phone # _____ Email _____

Address: _____

2. Name: _____

Phone # _____ Email _____

Address: _____

C. Conditions of Enrollment

I understand that the filing of this application is not binding upon either the parents or the school. I understand that admission is based upon recommendations, test scores, application information, and a personal interview. Should my child be accepted, I agree to abide by all school regulations and to pay all tuition and fees incurred during the period that my child is a student at The Arlington School. The information on this application is true to the best of my knowledge, and I understand that any misrepresentation on this application will be grounds for immediate termination of the application process and/or dismissal from the school.

Signature of Parent _____ Date _____

Signature of Parent _____ Date _____