



APPLICATION FOR ADMISSION
Senior Kindergarten – Grade 5

Applicant's Name

First

Middle

Last

Date of Birth (M/D/Y):

Male

Female

Parent/Guardian Names

Relationship to Applicant

Email Address

Home Mailing Address

Telephone Numbers

Home () _____
Work () _____
Cell () _____

Sibling Name(s)

Date of Birth (M/D/Y)

School Attending

Other people living in the home _____

Relationship: _____

Name and Address of Applicant's Current School / Preschool / Daycare

(If child does not attend school, please provide music teacher or other teacher who knows the child well.)

Current Teacher _____

Telephone () _____



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7. *As parents/guardians, what do you expect from the school?*

8. *What do you see in Touchstone Academy which makes you feel that it will be a place for your child to grow?*

How did you hear about Touchstone Academy? _____

Has a family member visited the school? YES NO *Who?* _____

The undersigned grants Touchstone Academy permission to request and receive confidential information and teacher interviews regarding the applicant, and to retain such material in the applicant's file.

Parent / Guardian Signature _____ *Date* _____

Parent / Guardian Signature _____ *Date* _____

In submitting an application, parents acknowledge that they understand and accept the Admissions Policy