



Parent Questionnaire

\$50 non-refundable fee is due with this application

Application Form for School Year 20_____ Grade: _____

Child's Name: _____
(last) (first) (middle) (nickname)

Birth date: ____ / ____ / ____ Gender: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian _____

E-mail _____

Cell Phone _____

Home Phone _____

Home Address _____

Mailing Address _____

Profession _____

Employer & Address _____

Business Phone _____

Parent/Guardian _____

E-mail _____

Cell Phone _____

Home Phone _____

Home Address _____

Mailing Address _____

Profession _____

Employer & Address _____

Business Phone _____

SIBLINGS

Sibling Name _____

Birth date ____ / ____ / ____

Sibling Name _____

Birth date ____ / ____ / ____

Sibling Name _____

Birth date ____ / ____ / ____

Sibling Name _____

Birth date ____ / ____ / ____

If you need more room to answer the following questions, please use additional paper or the back of this form.

Describe your child's preschool and/or previous school experience. Please list schools attended.

Why are you considering The Island School for your child? What are your expectations? We would appreciate responses from both parents/guardians.

Describe the learning environment which you think is best for your child.

What characteristics of your child are you hoping will be encouraged?

How did you hear about The Island School?

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____