

THE WINSTON SCHOOL

ADMISSION INFORMATION

TODAY'S DATE _____

CHILD'S NAME _____ S.S.# _____

DOB ____/____/____ AGE _____ ADOPTED? _____

SIBLINGS: NAMES & AGES _____

FATHER'S NAME _____ AGE _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ BUSINESS PHONE _____

PLACE OF BUSINESS _____

POSITION _____

MOTHER'S NAME _____ AGE _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ BUSINESS PHONE _____

PLACE OF BUSINESS _____

POSITION _____

APPLICANT'S CURRENT GRADE _____

CURRENT SCHOOL _____

SCHOOL ADDRESS & PHONE NUMBER _____

REFERRAL SOURCE NAME & PHONE NUMBER _____

BRIEF SUMMARY OF YOUR STUDENT'S EDUCATION HISTORY _____

Please mail this to us at: 215 9th St, Del Mar, CA 92014