



-- B.C.S. APPLICATION FOR ADMISSION --
September, 2012 through May, 2013

Full Name of Child: _____
Preferred Name: _____ Date of Birth: _____
Place of Birth: _____ Preferred Language: _____
Home Address: _____
Home Telephone Number: _____

Name - Parent #1: _____ Occupation: _____
Home Address: _____
Business Address: _____ Telephone Number: _____
Cell Telephone: _____ E-Mail Address: _____

Name - Parent #2: _____ Occupation: _____
Home Address: _____
Business Address: _____ Telephone Number: _____
Cell Telephone: _____ E-Mail Address: _____

SIBLINGS:

<u>NAME</u>	<u>GENDER</u>	<u>DATE OF BIRTH</u>
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

Pediatrician _____ Telephone Number: _____
Address: _____

Person, other than parents, who may be contacted in case of a emergency.

Name: _____ Telephone Number: _____
Address: _____
Relationship: _____

Identifying Characteristics: (Required By State Law)

Height: _____ Weight: _____ Color of Hair: _____

Color of Eyes _____ Identifying Marks: _____

Allergies: _____

Special Comments: (Please use Reverse Side if Necessary) _____

PLEASE ATTACH A THIRTY FIVE DOLLAR (\$35.00) NON-REFUNDABLE APPLICATION FEE PAYABLE TO THE BOSTON CHILDREN'S SCHOOL, INC.

THE BOSTON CHILDREN'S SCHOOL DOES NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, CULTURAL HERITAGE, POLITICAL BELIEFS, MARITAL STATUS, DISABILITIES, NATIONAL ORIGIN OR SEXUAL ORIENTATION.

A COMPLETED APPLICATION FORM CAN BE MAILED TO:

THE BOSTON CHILDREN'S SCHOOL
EIGHT WHITTIER PLACE
BOSTON, MASSACHUSETTS 02114