

FENWICK



APPLICATION FOR ADMISSION

Student Information

Applying for Grade: 9 10 11 12

Applicant Name (First-Middle-Last): _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Primary Phone: _____

Email: _____

Date of Birth (Month/Day/Year): _____

Religious Affiliation: _____

Parish: _____

Gender: Male Female

Current School: _____

Please list all siblings:

Name

Age

School

Name

Age

School

Name

Age

School

Parent Information

Mother/Guardian Name: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Primary Phone: _____

Email: _____

Employer: _____

Occupation: _____

FENWICK



Father/Guardian Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Email: _____

Employer: _____ Occupation: _____

Applicant lives with: Both Parents Mother Father Other (Relationship) _____

Family Affiliation

Please list any family members who currently attend Fenwick or have attended Fenwick in the past (Maiden Name if applicable)

Name _____ Relationship _____ Graduation Year _____

Name _____ Relationship _____ Graduation Year _____

Name _____ Relationship _____ Graduation Year _____

Name _____ Relationship _____ Graduation Year _____

Academic & Other Information

Does the applicant have any known health issues or physical impairments? Yes No

Has the applicant had any social, emotional or behavioral challenges? Yes No

Does the applicant have an IEP or 504 Accommodation Plan? Yes No

If "Yes" to any of the above, please explain and submit any relevant documentation: _____

Do you anticipate the need for Financial Aid? Yes No

High School Placement Test Location: _____

FENWICK



About You (This section to be filled out by applicant):

Why do you want to attend Fenwick?

Extra-Curricular Interests (Check all that apply): Chorus Theater Band Art Writing Robotics
 Math Team Community Service Leadership Activities
 Athletics (Please Specify) _____

Foreign Language Choice: French Spanish

List any honors or special awards that you have received:

How did you learn about Fenwick?

Would you like to be contacted for a personal interview? Yes No

I certify that the information contained within this application and supporting documentation is true and correct. I understand that any failure to provide complete, accurate, and truthful information may be grounds to deny admission to Fenwick:

Applicant Signature _____ **Date** _____

Parent/Guardian _____ **Date** _____

Please Note: To complete the application process, please complete and sign a Transcript Request form (available on the Fenwick website) and submit to your current school to authorize the release of student records to Fenwick. We also require 2 Teacher Recommendations to be sent to Fenwick.