



17th & Benjamin Franklin Parkway
 Philadelphia, Pennsylvania 19103-1284
 215.561.5900 phone / 215-864-2979 fax
www.friends-select.org

Application for Admission

A recent photo
of the applicant is
appreciated

Date this Form Completed: _____

1. Applicant Information

Application for Grade _____ For the school Year 20____ to 20____ Applicant's Date of Birth _____

Applicant's Name

 (first) (middle) (last) (suffix)

Preferred Name _____ Gender _____

Applicant's Current Address _____ Telephone _____

City _____ State _____ Zip Code _____

Country of Citizenship _____ Country of Birth _____

Do you wish to identify the applicant as a member of any of the following groups? Please check all that apply.

- | | | |
|---|--|---|
| <input type="checkbox"/> African American, Black | <input type="checkbox"/> Multiracial American | <input type="checkbox"/> White, European American |
| <input type="checkbox"/> Asian American | <input type="checkbox"/> Native American or Alaska Native | <input type="checkbox"/> International |
| <input type="checkbox"/> Hispanic, Latinx or Spanish Origin | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander American | <input type="checkbox"/> I'd rather not say |
| <input type="checkbox"/> Middle Eastern American | | |

If there is more you would like to share about your child's background, please do so here.

2. School Information

Current School _____ Current Grade _____ Dates Attended _____

- Preschool/Daycare* Public/Charter Independent/Private Parochial Homeschool None

* My child attends a preschool/daycare program _____ days per week for _____ hours per day.

Address _____ Telephone _____

City _____ State _____ Zip Code _____

Name of Principal or Head of School _____

Name of Former School _____ Dates Attended _____

Name of Former School _____ Dates Attended _____

3. Family Information

Parent/Guardian 1 Full Name

Relationship to Applicant

Home Address (if Different from Applicant's)

City

State

Zip Code

Telephone

Email

Cell Phone

Occupation and Job Title

Work Phone

Employer

Employer's Address

High School

Location of School

College

Degrees

College

Degrees

Parent/Guardian 2 Full Name

Relationship to Applicant

Home Address (if Different from Applicant's)

City

State

Zip Code

Telephone

Email

Cell Phone

Occupation and Job Title

Work Phone

Employer

Employer's Address

High School

Location of School

College

Degrees

College

Degrees

Parent(s)/Guardian(s) Marital Status: Please check one.

Married Domestic Partners Separated Divorced Never Married

Father Deceased Date: _____ Mother Deceased Date: _____

If divorced, separated or never married, please clarify custody and living arrangements below.

Correspondence should be sent to: Parent/Guardian 1 Parent/Guardian 2 Both

Family Information continued

Please list other children living in applicant's household.

None

Name	School	Age	Grade
Name	School	Age	Grade

Please list relatives, including applicant's parents, who have attended Friends Select School, year graduated or years attended and relationship to the applicant. (Feel free to attach an additional page)

Are there any relatives, including applicant's parents, who are members of the Religious Society of Friends? Yes No
If yes, please list Meeting attended and relationship to the applicant. (Feel free to attach an additional page)

4. Questions for Parents

Please tell us about your child – socially, emotionally, and intellectually (Feel free to attach an additional page).

Tell us about your child's activities and interests.

Please comment on your child's home life, including relations with parents, siblings, or other members of the household and describe any situations at home of which we should be aware.

What kind of school setting do you believe would be ideal for your child?

Please list all languages spoken in the child's home.

Why are you considering Friends Select School?

How did you learn about Friends Select School?

- We are a current family FSS Alumni FSS Parent referral FSS Website Recommendation from current school
 Other (please specify):

Please list other schools to which your child is applying.

5. Financial Aid

- Check if you wish to be considered for financial aid.

Note: To be considered for financial aid:

- The online financial aid application for the 2023-24 school year must be completed by January 6, 2023, and is available October 1, 2022 at: <http://sssbynais.org/parents/>
- **All** steps in the admission application process must be completed by the end of January 2023.

6. Application Fee

Pre-kindergarten through grade 12: \$65 fee for application fee, student visitation and assessment.

International applicants: \$140 application fee.

The application and fee must be submitted before the applicant's admission visit. The application fee is not refundable.

I understand that a school visit is a part of the admission process. Should my child require emergency medical treatment during the visit and you cannot contact me, I authorize Friends Select School to act on my behalf and designate a doctor or hospital to initiate any appropriate medical service.

I also understand that all information gathered by the Admission Office will be treated as confidential. I agree that the Directors of Admission may disclose this information for official purposes if necessary.

Parent's or Guardian's Signature

Date
