

**RECENT PHOTOGRAPH  
OF APPLICANT MUST BE  
ATTACHED FOR APPLICATION  
TO BE COMPLETE**



**Application  
for Admission**

**PLEASE TYPE OR  
PRINT ENTIRE FORM**

**THE PHELPS SCHOOL**

Est. 1946

583 Sugartown Road, Malvern, PA 19355

Telephone: 610-644-1754 Fax: 610-644-6679 www.thephelpsschool.org

**Applicant Data** ( ) Boarding ( ) Day

Name		First	Middle	Last
Preferred Nickname (if any)		Social Security #		Cell Phone
Date of Birth	Place of Birth		E-mail	
Grade Applicant Expects to Enter		Date of Proposed Entrance		Month Year
Citizen of What Country			Passport #	

**Family Data**

**Father/Legal Guardian** ( ) Deceased

**Mother/Legal Guardian** ( ) Deceased

Name in Full				
Social Security #				
Home Address	Street			Street
	City	State	Zip Code	City State Zip Code
	Country		Country	
	Include all area codes		Include all area codes	
Home Telephone	Include all area codes		Include all area codes	
Home Fax	Include all area codes		Include all area codes	
Cell Phone	Include all area codes		Include all area codes	
E-mail				
Occupation				
Title				
Business/Firm Name				
Business/Firm Address	Street			Street
	City	State	Zip Code	City State Zip Code
	Country		Country	
	( ) Home ( ) Business		( ) Home ( ) Business	
Business Telephone	Include all area codes		Include all area codes	
Business Fax	Include all area codes		Include all area codes	
College/Degree				
Religious Preference				

Other Children in Family	boys #	Ages	Girls #	Ages
Custodial Parent(s): ( ) Mother ( ) Father ( ) Joint ( ) Guardian:				

Send all reports and correspondence to:

Is the applicant related to an alumnus of The Phelps School: ( ) Yes ( ) No Name

## Grandparents

Paternal

Maternal

Names (in full)

Living or Deceased

Home Address

Street

City State Zip Code

Country

Include all area codes

Home Telephone

E-mail

Street

City State Zip Code

Country

Include all area codes

## School/Program Currently Attending

Name of School

Telephone

Include all area codes

Contact Person

Telephone

Include all area codes

Address

Street

City

State

Zip Code

Country

Do we have parental permission to send for school records? ( ) Yes ( ) No **Please authorize the school to send us the transcripts immediately.**

Has applicant ever been suspended or dismissed from school, or involved with the police? ( ) yes ( ) no

Briefly explain.

## Previous Schools/Programs Attended (within the past three years)

Name of School

Telephone

Include all area codes

Contact Person

Address

Street

City

State

Zip Code

Country

Dates Attended \_\_\_\_\_ to \_\_\_\_\_

Month

Year

Month

Year

Reason for Leaving

Name of School

Telephone

Include all area codes

Contact Person

Address

Street

City

State

Zip Code

Country

Dates Attended \_\_\_\_\_ to \_\_\_\_\_

Month

Year

Month

Year

Reason for Leaving

## References

Current Teacher (Subject - \_\_\_\_\_ )

Current Teacher (Subject - \_\_\_\_\_ )

Name

Address

Street

City State Zip Code

Country

E-mail

Telephone

Include all area codes

Street

City State Zip Code

Country

Include all area codes

**Please ask each of your references to complete and return one of the enclosed recommendation forms.**

## How Did You Hear About Phelps?

Internet    Consultant/Psychologist    Family/Friends    Other:

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Include all area codes

Address \_\_\_\_\_  
Street City State Zip Code Country

E-mail \_\_\_\_\_

Copies of my son's quarterly and semester reports may be sent to the person listed above:    Yes    No

## Academic and Extracurricular Comments

Subject Strengths \_\_\_\_\_

Subject Weaknesses \_\_\_\_\_

Sports, Hobbies and Special Interests \_\_\_\_\_

## Counseling

Is your son currently receiving any sort of therapeutic services?    Yes    No

Explain reason for participation \_\_\_\_\_

## Psychological/Educational Assessment

Has a psychological/educational evaluation been done for your son within the last five years?    Yes    No   Date administered: \_\_\_\_\_

If so, a copy of this evaluation must be given to The Phelps School.

By signing this Application for Admission, the parent/guardian certifies that the information provided is complete and accurate, and further understands and agrees that failure to fully and accurately answer all questions shall be cause to reject the application or cancel enrollment where the student has been admitted prior to the School's learning of the omission(s) and/or inaccuracies.

**PLEASE RETURN THIS  
FORM WITH A \$50.00  
NON-REFUNDABLE  
APPLICATION FEE  
(\$100.00 INTERNATIONAL)**

\_\_\_\_\_  
Parent/Guardian's Name (Print)

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Parent/Guardian's Signature

Social Security #: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

