



Manzano Day School

Application

Non-Refundable Application Fee: \$80.00

Application Date _____

Entering Year _____ Entering Grade _____

Apply for Financial Aid and/or receive more information Yes No

Applicant's Name _____
(first, middle, last) *(preferred)*

Birthdate _____ Gender Female Non-binary
 Male Other

Primary Address _____
(of applicant) *(street)* *city* *state* *zip)*

School Attending _____ Current
or Last Attended _____ Grade _____

Race *(optional; for statistical reporting only)*

- Asian Black/African American Middle Eastern Multiracial (two or more races)
 Native American Native Hawaiian or Other Pacific Islander White Other
 Decline to report

Ethnicity *(optional; for statistical reporting only)*

Is Latino/Hispanic? Yes No Decline to report

HOUSEHOLD 1

Mr. Ms. Mrs. Dr. Other _____ Relationship to Applicant _____
(circle one)

Parent/Guardian Name _____
(lives with applicant at above address)

Email _____ Phone _____

Employment _____
(Employer/position) *(work phone)*

Mr. Ms. Mrs. Dr. Other _____ Relationship to Applicant _____
(circle one)

Spouse/Partner Name _____

Email _____ Phone: _____

Employment _____
(Employer/position) (work phone)

Are there any unique family circumstances of which you'd like us to be aware?
(If custody-related, please provide the current parenting plan, legal custody documents, and/or Orders entered by a domestic relations judge regarding legal custody of the Applicant.)

HOUSEHOLD 2 (Secondary Address of Applicant, if applicable)

Mr. Ms. Mrs. Dr. Other _____ Relationship to Applicant _____
(circle one)

Parent/Guardian Name _____

Address _____
(street city state zip)

Email _____ Phone _____

Employment _____
(Employer/position) (work phone)

Spouse/Partner Name _____

Mr. Ms. Mrs. Dr. Other _____ Relationship to Applicant _____
(circle one)

Email _____ Phone: _____

Employment _____
(Employer/position) (work phone)

Sibling Information: Please list other children in the family

Name	Relationship	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

Relatives: List any family members who have attended Manzano Day School

Name	Relationship	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Please note that there is a sibling/legacy policy in place. The definitions are: "Sibling" is a sibling of a current or past Manzano Day School student; "Legacy" is a child or grandchild of a past Manzano Day School student. The sibling or legacy is required to apply in the early applicant pool to determine space availability.)

How did you learn about Manzano Day School? _____

Language (other than English) spoke at home: _____

PARENT QUESTIONNAIRE

You and your child are very important to us, and we want to get to know you better. Please complete the following questions in a way that makes you feel most comfortable—narratives, bullet points, etc. You may also submit on a separate page.

1. What would you like us to know about your child? Please describe any special interests, talents, strengths, creativity and imagination, fears, concerns, weaknesses.

6. Does your child participate in any special support or tutoring programs?

7. If you are new to our community, would you like to be connected with a current Manzano Day School parent ambassador?

8. Is there anything else you would like us to know?

Parent/Guardian Signature

Disclosure: All application and admission materials/forms are deemed confidential and the property of Manzano Day School. Application and admission materials/forms will not be externally released or copied.

I verify that all the information provided is true and correct to the best of my knowledge.

Signature _____ Date _____

Please return the application and \$80.00 application fee (checks payable to Manzano Day School) to:

Director of Admission
Manzano Day School
1801 Central Ave NW
Albuquerque, NM 87104

Manzano Day School welcomes students without regard to religion, race, age, color, creed, national origin, gender, disability, sexual orientation or gender identification.