

PARENT APPLICATION FOR ADMISSION

(This form is required for applicants to Kindergarten. Applicants to Kindergarten must have turned five prior to August 1 of the year they wish to enter Viewpoint)

Application Fee of \$125 must be submitted with completed application.

APPLICANT:					
Applying for admission to Gra	ıde	starting	in the fall of		
Full legal name of applicant _				year	
Preferred name	first		middle	last	
Applicant's Date of Birth		Age	Gender		
Applicant's Date of Birth Place of Birth		Country of	Citizenship		
If not a U.S. Citizen, does app	licant require an F1 v	risa to study a	t Viewpoint? OY	es QNo	
Has this child applied to View	point before? ONo	OYes If Y	es when?	visa ty	pe if not F1
Are you applying your child to	•				
PARENT INFORMATION:					
	PRIM	IARY HOUS	SEHOLD		
D. C. B. 4 Test D. A.			D	P. Office Process	
Parent or Guardian 1: Title, First Name, Last Name			Parent, Stepparent, or Guar	dian 2: Title, First Name, Last N	ame
Cell Phone Email			Cell Phone	Email	
Relationship to Applicant			Relationship to Applicant		
				Prince and	
Occupation Title	<u> </u>		Occupation	Title	
Company/Organization	Work Phone		Company/Organization		Work Phone
College(s) Attended			College(s) Attended		
Secondary School Attended			Secondary School Attended		
Home Address of the Primary Household	City	v	State Zip Code	Country (if not U.S.)	Home Phone
Parent or Guardian 1: Title, First Name, Last Name			Parent, Stepparent, or Guar	dian 2: Title, First Name, Last N	ame
Cell Phone Email			Cell Phone	Email	
Relationship to Applicant			Relationship to Applicant		
Occupation Titl	.e		Occupation	Titl	e
Company/Organization	Work Phone		Company/Organization		Work Phone
College(s) Attended			College(s) Attended		
Secondary School Attended			Secondary School Attended		
Home Address of the Secondary Household	(City	State Zip Code	Country (if not U.S.)	Home Phone
Family Status					
OParents Together	OParents Divorced	d O Pa	arents Separated	Only Has One	e Parent
OMother Remarried	OFather Remarried		Iother Deceased	OFather Deceas	ed
With whom does the child resi			e responsible finan	* *	001
To whom should corresponder	nce be sent?	Both	OMother only	OFather only	OOther
SIBLINGS OF APPLICANT:					
			Q	Yes ONo	
Name	Date of Birth	Current Grad	_	•	Present School
None	Dec. CPC	0 0		Yes ONo	D4 C-11
Name	Date of Birth	Current Grad	_	rently enrolled at Viewpoint?	Present School
Name	Date of Birth	Current Grad			Present School

RELATIVES OF THE APPLICANT WHO HAVE ATTENDED VIEWPOINT SCHOOL:

	Relationship	Years Attended
	Relationship	Years Attended
OL INFORMATION: P	lease list all the schools attended by the applic	ant, beginning with the current school year.
Current School Name	Grade Level	Dates Attended
School Address		
Previous School Name 1	Grade Level	Dates Attended
School Address		
Previous School Name 2	Grade Level	Dates Attended
School Address		
RRAL: I/We have been referred t	o Viewpoint by:	
I/We have been referred t	o Viewpoint by:answering the following questions, please sen	d additional responses to admission@viewpo
I/We have been referred to If more space is necessary in Please tell us why you are interest.	· ·	
I/We have been referred to If more space is necessary in Please tell us why you are interest.	answering the following questions, please sen	
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What is the frequency of your child's attendance at preschool? (days per week/hours per day)

Please comment on your child's social and academic experience at their current school.
What are your child's favorite activities? Please include informal activities and any favorite organized activities.
Very young children react to new settings and situations in a variety of ways, from tentative to enthusiastic. We want your child to feel as comfortable as possible in this process. Tell us a little about your child's temperament in new settings and situations.
Our mission at Viewpoint is to create exceptional readiness for extraordinary futures by cultivating the critical skillset, courageous
mindset, and resilient identity of each individual Viewpoint student. The values by which we live this mission are love, honor, excellence, imagination, and optimism. Tell us a brief anecdote about your child that you think speaks to one or more of these values.

	Date	Date
	Parent's or Legal Guardian's Signature	Parent's or Legal Guardian's Signature
SIGN	and recommendation forms are confidential and will not be dis	
ETH	NICITY: (Optional) The National and California Associations of Independent School diversity of our applicants and enrollees. If you would like to book asian OBlack/African American OLatinX/Hispanic ONative American OWhite OOther	* * *
	Will you be applying for financial aid? ONo OYes	
	1 0	* *
FINA	education and the family's contribution.	oly for financial aid to make up any difference between the cost of
	List all languages spoken in the home.	
	activities in which you may have engaged.	evious school, and any other volunteer, support, or philanthropic

Viewpoint School is committed to enrolling a diverse student body. The School admits students of any race, color, gender, sexual orientation, religion, or national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the School. The School does not discriminate on the basis of race, color, gender, sexual orientation, religion, or national or ethnic origin in the administration of its educational policies, admission and tuition assistance policies, and athletic, or other school-administered programs.