



# The Pen Ryn S C H O O L

This application should be filled out by the parent or guardian of the applicant. All information is confidential.

APPLICANT

## Application for Admission

Date of Application \_\_\_\_\_

Name (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_  Male  Female

Applicant is applying to enter grade \_\_\_\_\_ In (month) (year) \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\*PreK specify half day or full day and the number of days \_\_\_\_\_ SPECIFY DAYS BY CIRCLING: M T W T F

In which school district does your child reside? \_\_\_\_\_ Is transportation required?  Yes  No

SCHOOL

Applicant's Present Grade \_\_\_\_\_ Name of Present School \_\_\_\_\_

Address of Present School \_\_\_\_\_

Phone Number of Present School \_\_\_\_\_

PARENT INFORMATION

### Father (or Guardian)

Title:  Mr.  Dr.  Other: \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Same as applicant's residence?  Yes  No

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation/Title \_\_\_\_\_

Employer's Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_

### Mother (or Guardian)

Title:  Ms.  Mrs.  Dr.  Other \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Same as applicant's residence?  Yes  No

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation/Title \_\_\_\_\_

Employer's Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_

Parents:  Married  Separated  Divorced  Father Deceased  Mother Deceased  Other (Please Specify): \_\_\_\_\_

To whom should correspondence and notices be sent? \_\_\_\_\_

Number of siblings: Boys \_\_\_\_\_ Ages \_\_\_\_\_ Girls \_\_\_\_\_ Ages \_\_\_\_\_

Grandparents \_\_\_\_\_ Grandparents \_\_\_\_\_

Street Address \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Use a separate sheet for additional grandparents.

Please indicate any special testing or evaluations your child may have had and the year it occurred.

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What would you like Pen Ryn to do for your child? \_\_\_\_\_

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What interests or talents would you as parents be willing to share with the school community.

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**We are also interested in learning how people find out about the Pen Ryn School.**

What did you read, see or hear that lead you to your decision to consider Pen Ryn? \_\_\_\_\_

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Please list any family members who have attended Pen Ryn: \_\_\_\_\_

Do you know any Pen Ryn alumni or current students? \_\_\_\_\_

Have you been on a tour and interview?  Yes  NoHave you visited through an Open House?  Yes  No

**I understand that if my child is accepted, enrollment is for the full academic year and I am obligated to pay all tuition and fees for that year. I also agree to support the school by volunteering at least 25 hours per year, or by making a 10% of the tuition donation in lieu of volunteer service.**

**I have enclosed a \$50.00, non-refundable application fee. (Payable to "The Pen Ryn School")**

**I certify that, to the best of my knowledge, the information provided above is accurate and complete.**

Signature of Parent or Guardian

Date

**Please return form to: The Pen Ryn School, 235 South Olds Boulevard, Fairless Hills, PA 19030 or fax to: 215-946-2877  
Phone: 215-547-1800  
For more information please visit our website at [www.penryn.org](http://www.penryn.org)**