



The Pen Ryn

SCHOOL

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

Application for Admission

Student Information

Date of Application _____ Applicant is applying to enter grade _____ In (month) (year) _____
(*If Pre-K, specify half day or full day and the number of days)

Name _____ Male Female
First Middle Last

Address _____
Street Address

_____ City State Zip

Phone _____ Email _____ Age: _____ Date of Birth: _____
mm / dd / yy

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

***PREK STUDENTS SPECIFY DAYS BY CIRCLING: M T W T F**

Family Information

Father (or Guardian)

Title Mr. Dr. Other: _____

_____ Name

_____ Home Address

_____ City State Zip

_____ 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

_____ 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) _____

Applicant Resides with: Both Parents Mother Father Step Mother/Father Other (Please Specify) _____

To whom should correspondence and notices be sent? _____

Number of siblings: Boys _____ Ages _____ Girls _____ Ages _____

Please complete other side

We will be reviewing transcripts and grades from your child's current school/ Please share with us any additional information that we should take into consideration concerning your child's academic performance.

Present School _____ Current Grade _____

Address _____ Phone _____
Street Address City State Zip

Other Schools Attended:

1. _____
School Name Street Address City State Zip

2. _____
School Name Street Address City State Zip

Please indicate any special testing (physical, psychological, or for special assessment such as gifted/talented) your child may have had and the year it occurred.

Describe your child's characteristics as a person: _____

What type of student is your child? _____

Has your child ever been retained or skipped a grade? (if yes, please explain) _____

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

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? _____

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 No Have 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.

My child is applying. I have enclosed a \$50.00, non-refundable application fee.

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

For more information please visit or web site at www.penryn.org