



# The Pen Ryn SCHOOL

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

### Parent:

Title:  Mr.  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 \_\_\_\_\_

### Parent:

Title:  Mr.  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 \_\_\_\_\_

Who does the student primarily reside with? \_\_\_\_\_

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

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

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

Please indicate any academic or behavioral accommodations your child receives (or has received) in their current placement.

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

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

**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.**

**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)**