

APPLICATION FOR ADMISSION

14917 9th Avenue Court East, Tacoma, WA 98445 * (253) 535-2522 * E-mail imagination@frugal.com

FAMILY INFORMATION

Name of Applicant: _____
LAST FIRST MIDDLE

Nickname: _____ Male Female

This applicant is for grade: _____ for the school year 20____ - 20____

Applicant's age: _____ Applicant's birth date: _____

Applicant's address: _____
STREET CITY STATE ZIP HOME PHONE

Name of parent(s) or guardian.

MR. _____ MR. _____
 MS. _____ MS. _____
PARENT/GUARDIAN NAME PARENT/GUARDIAN NAME

OCCUPATION POSITION OCCUPATION POSITION

OFFICE PHONE CELL/PAGER OFFICE PHONE CELL/PAGER

Please check all that apply:

- | | | |
|--|--|--|
| <input type="checkbox"/> Parents married | <input type="checkbox"/> Father remarried | <input type="checkbox"/> Mother remarried |
| <input type="checkbox"/> Parents separated | <input type="checkbox"/> Father deceased | <input type="checkbox"/> Mother deceased |
| <input type="checkbox"/> Parents divorced | <input type="checkbox"/> Applicant lives with father | <input type="checkbox"/> Applicant lives with mother |

If applicant does not live with both parents, please provide the name and address of the parent who does live with the applicant:

MR. _____
 MS. _____
PARENT/GUARDIAN NAME STREET ADDRESS

CITY STATE ZIP HOME PHONE

EDUCATION

School now attending/last attended: _____
SCHOOL

SCHOOL ADDRESS CITY STATE ZIP PHONE NUMBER

Teacher/Counselor who best knows the applicant: _____
NAME POSITION

TEACHER'S ADDRESS (IF NOT SCHOOL ADDRESS)

Note: A nonrefundable fee must accompany this application.

For Pre-Kindergarten through 6th grade the fee is \$35.00. For Grades 7-8 the fee is \$50.00.

PARENT SIGNATURE DATE

Imagination School of Education does not discriminate on the basis of race, color, gender, ethnic origin, or similar factors.