



Application For Enrollment

Date ___ / ___ / ___ Last Name _____

- Please Attach:**
1. Copy of applicant's most recent report card (Grades 1-8)
 2. Current standardized test scores (Grades 1-8)
 3. Photo of applicant (optional)

Applicant's Information

| | | | | |
|---------|-----------|-------|--------|---------------|
| Child 1 | Last Name | First | Middle | Date of Birth |
| Child 2 | Last Name | First | Middle | Date of Birth |
| Child 3 | Last Name | First | Middle | Date of Birth |

Parent or Guardian Information

| | | | |
|---|-------|--------|---------------------------|
| Last Name | First | Middle | Relationship to Applicant |
| Street Address (<i>omit if same as above</i>) | | | Home Phone Number |
| City, State, Zip | | | Work/Cell Phone Number |

Parent or Guardian Information

| | | | |
|---|-------|--------|---------------------------|
| Last Name | First | Middle | Relationship to Applicant |
| Street Address (<i>omit if same as above</i>) | | | Home Phone Number |
| City, State, Zip | | | Work/Cell Phone Number |

Current School Information

| | | |
|--|--|--------------|
| Name of School: <input type="checkbox"/> Private School <input type="checkbox"/> Public School | | Phone Number |
| Street Address | | |
| City, State, Zip | | |

Educational Background

| Previous Schools | City & State | Dates Mo/Yr | |
|------------------|--------------|-------------|-----|
| | | From: | To: |
| | | | |
| | | | |

Additional Information

Who is responsible for paying the applicant's tuition? _____

Who does the applicant live with? Both Parents/Guardian Mother Father

Does the applicant have any learning difficulties? Yes No

If yes, what type?

Has the applicant ever been suspended or expelled? Yes No

If yes, from what school and why?

What language is spoken at home? _____

Accomplishments and awards

The Valley School's admissions office will contact you within two business days of receiving your application to schedule an appointment. The applicant must attend the appointment with the parent or guardian. The appointment will consist of a school tour and interview.

Name of person to contact _____

Best time to call _____ Phone Number _____ - _____ - _____

Office Use Only

Date Application Was Received ___/___/___ Date Of Interview ___/___/___

Accepted Denied Date Of Acceptance ___/___/___

Notes:

Mail to: The Valley Schools 15700 Sherman Way, Van Nuys, CA 91406

Fax to: (818) 786-2688

www.valleyschool.com