

Application for Admission Greenfield Center School



GREENFIELD CENTER SCHOOL
71 MONTAGUE CITY ROAD
GREENFIELD, MA 01301
413-773-1700 EXT. 2
admissions@centerschool.net
www.centerschool.net

Name of applicant: _____

Application for grade: _____ Date of birth: _____

Age: _____ Gender: _____ Race: (optional) _____

PARENT/GUARDIAN NAME: _____

Address: _____

Email: _____

Home phone: _____ Cell phone: _____

Work phone: _____ *On which phone do you prefer to be contacted?* _____

Occupation: _____

Employer and address: _____

PARENT/GUARDIAN NAME: _____

Address: _____

Email: _____

Home phone: _____ Cell phone: _____

Work phone: _____ *On which phone do you prefer to be contacted?* _____

Occupation: _____

Employer and address: _____

Do parents live together? _____ If not, what are the custody arrangements? _____

Names and birthdates of siblings: _____

In order to process this candidate's application, the undersigned agrees that all information received by the Admissions Office, from any source, shall be completely confidential and will not be divulged to anyone, including the candidate and his/her family unless disclosure is deemed by the Head of School or Director of Admission to be necessary and appropriate.

NON-REFUNDABLE APPLICATION FEE OF \$40.00 DUE WITH APPLICATION

Parent(s) signature(s) _____ Date _____

GREENFIELD CENTER SCHOOL IS A NONPROFIT, 501(C) (3), GOVERNED BY A BOARD OF DIRECTORS. CENTER SCHOOL DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGIOUS CREED, GENDER, SEXUAL ORIENTATION, HANDICAP, AGE, ANCESTRY OR NATIONAL OR ETHNIC ORIGIN.

General Information

(Feel free to provide us with more information regarding any of the following questions. Please do not feel limited by the space constraints contained in the application.)



Why are you interested in having your child attend the Center School?

Please briefly describe your child. (Interests, strengths, challenges, passions, talents, etc.)

Please describe your child as a learner.

Please briefly describe your child's experience in school thus far, (include preschool and play groups for kindergarten and first grade applicants.)



Does your child receive any special services (such as speech therapy, tutoring, counseling, etc.)? Yes_____ No_____

If yes, please briefly describe the services and their frequency.

Are there any special circumstances or considerations you would like to bring to our attention?

Will you be applying for financial assistance? Yes_____ No_____

If you are applying to other schools, please list them.

Child's School History

(For children entering Kindergarten, please include preschool, daycare and nursery experiences.)



School name: _____

Address: _____ Phone: _____ Fax: _____

Date(s) attended: _____ Grade Level(s) _____

Teacher(s) _____

School name: _____

Address: _____ Phone: _____ Fax: _____

Date(s) attended: _____ Grade Level(s) _____

Teacher(s): _____

School name: _____

Address: _____ Phone: _____ Fax: _____

Date(s) attended: _____ Grade Level(s) _____

Teacher(s): _____

I give Greenfield Center School permission to contact my child's school/teacher

Yes _____ No _____

How did you hear about the Center School? _____

Thus far, what has been your primary source of information about the school (website, current families, articles, alumni families, open house, etc.) ?

Are you acquainted with current or past Center School families? If so, who? _____

Please enclose a non-refundable application fee of \$40 and mail to:
ADMISSIONS OFFICE, GREENFIELD CENTER SCHOOL,
71 MONTAGUE CITY ROAD, GREENFIELD, MA 01301