



WINIFRED P. L. BRUMSKINE PRE & ELEMENTARY SCHOOL

Duport Road Junction, Paynesville Liberia / 7th Street Sinkor Monrovia, Liberia

www.wplbschool.com

winifredbrumskinepreschool@gmail.com

0775041224 / 0886667407 / 0881575750

APPLICATION FORM 2025 / 2026

Child's Name _____
Last First Middle

Gender: Boy () Girl ()

Class applying for: [] Daycare, [] Nursery, [] Pre-K, [] Kindergarten, [] 1st Grade, [] 2nd Grade, [] 3rd Grade,
[] 4th Grade, [] 5th Grade, [] 6th Grade

Previous School: _____

Previous School Address: _____ Previous School Contact: _____

Date of Birth: _____ Nationality: _____ Religion: _____

Mother's Name: _____
(Last) (First)

Religion: _____ Occupation: _____

Address: _____ Employer: _____
(City) (State)

Email Address: _____ Cell#: _____
(Home) (Work)

Father's Name: _____
(Last) (First)

Religion: _____ Occupation: _____

Address: _____ Employer: _____
(City) (State)

Email Address: _____ Cell#: _____
(Home) (Work)

Parents/Guardian Status: Married(), Single(), Divorced(), Separated(), Widowed ()

Who has Custodial Right: Both Parents (), Father (), Mother (), Guardian ()

Financially responsible: Both Parents (), Father (), Mother (), Guardian ()

"CARING FOR LITTLE CHILDREN IS WHATS COUNTS"



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Name of Guardian (if applicable) **Address** **Home Phone** **Religion**

Comment on eating habits/food allergies

Comment on specific dislike or fear

Comment on child's behavior/discipline

Children must be toilet trained to enter preschool. Does your child take total responsibility for his/her toilet needs?

Yes No

If no, please explain

Previous preschool experience

OFFICE USE ONLY

Re-Enrolling New Student Interviewed Referral

Paid \$ _____ Cash/CC/Ck# _____

Start Date ____/____/____



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AUTHORIZED EMERGENCY/RELEASE CONTACT INFORMATION

*Please add those who have permission to pick up your student from school (other than parents/guardians).
Your student will ONLY be released to those listed below.*

Name: _____

Name: _____

Relation _____ Home Phone _____

Relation _____ Home Phone _____

Work Phone _____ Cell Phone _____

Work Phone _____ Cell Phone _____

___ Pick up Only ___ Emergency Contact only ___ Both

___ Pick up Only ___ Emergency Contact only ___ Both

ADDITIONAL STUDENT INFORMATION (PRIMARY) ELEMENTARY ONLY

Has the student ever repeated a grade? YES___ NO___ Grade repeated _____ Reason for repeating _____

Has the student ever been diagnosed with learning, social, physical, or emotional disorders which may affect activities or progress (i.e., attention or focusing issues, dyslexia, physical limitations, specific learning disorder, speech impairment, etc.)? YES___ NO___

Please explain: _____

Has the student ever had a diagnostic psychological or educational evaluation? (Results must be furnished to Winifred P.L. Brumskine) YES___ NO___

Has the student ever attended a school or participated in a program designed for students who have special academic needs or abilities (including but not limited to speech and language therapy, occupational therapy, resource or collaborative services, gifted program)? YES___ NO___ If yes, please list the type, location, and dates of participation in these programs: _____

Does the student have any medical concerns of which Winifred P.L. Brumskine Pre-School should be aware? YES___ NO___

Please list: _____

To the best of my knowledge, the information in this application is true and accurate. The applicant desires to be a student at Winifred P.L. Brumskine Pre-School.

Signature of Parent

Date

Signature of Parent

Date

Winifred P.L. Brumskine Pre & Elementary School admits of any race, color, national/ethnic origin and religion to all rights, privileges, programs, and activities generally accorded or made available to students at the school.

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