



# WINIFRED P. L. BRUMSKINE PRE & ELEMENTARY SCHOOL

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

www.wplbschool.com

[winifredbrumskinepreschool@gmail.com](mailto:winifredbrumskinepreschool@gmail.com)

0775041224 / 0886667404 / 0881575750

## APPLICATION FORM 2024/2025

Child's Name \_\_\_\_\_  
Last First Middle

Gender: Boy ( ) Girl ( )

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

Previous School: \_\_\_\_\_

Previous School Address: \_\_\_\_\_

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 ( )



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

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**Comment on eating habits/food allergies**

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**Comment on specific dislike or fear**

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**Comment on child's behavior/discipline**

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

Yes    No

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**If no, please explain**

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**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.