



# THE MARSHALL SCHOOL

## Application for Admission

Application Date \_\_\_\_\_

For School Year 20\_\_\_\_ to 20\_\_\_\_

Applicant's Name: \_\_\_\_\_

Present Grade: \_\_\_\_\_

Applicant's Home Address: \_\_\_\_\_  
(Street and Number)

\_\_\_\_\_  
(City and State)

\_\_\_\_\_  
(Zip)

County: \_\_\_\_\_

Phone: \_\_\_\_\_

Name usually called: \_\_\_\_\_

Sex: \_\_\_\_\_ Present Age: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Name Usually Called: \_\_\_\_\_

Father's Occupation and Title: \_\_\_\_\_

Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Name Usually Called: \_\_\_\_\_

Mother's Occupation and Title: \_\_\_\_\_

Email: \_\_\_\_\_

Are Both Parents Living? \_\_\_\_\_ Are Parents Divorced or Separated? \_\_\_\_\_

Who is Legal Guardian? \_\_\_\_\_ With Whom Does Applicant Live? \_\_\_\_\_

Who is Responsible for Finances? \_\_\_\_\_ For Permissions? \_\_\_\_\_

Non-Custodial Parent: \_\_\_\_\_ Address: \_\_\_\_\_

Brothers and Sisters: Name Age School

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Others Living at Home: \_\_\_\_\_

School(s) Attended for the Last Five Years:

<u>Grade</u>	<u>School</u>	<u>Dates of Attendance</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Referred By: \_\_\_\_\_

Please describe briefly the applicant's strengths: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe briefly the applicant's learning weaknesses or problem areas:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If there is any unusual physical condition, please describe it here: \_\_\_\_\_

Please list any medications the student takes regularly: \_\_\_\_\_

Please attach any available reports and test results (WISC with subtest scores, Achievement Tests, Vision, Audiometric, Personality, Neurological, etc.) Please send the Record Release Authorizations to the appropriate school or professionals. Please do not return them to The Marshall School.

List teachers, therapists, physicians, psychologists, or psychiatrists who are familiar with the applicant's learning problem. If the student is currently in counseling please list the counselor first.

<u>Name</u>	<u>Address</u>	<u>Telephone</u>

By submitting a signed copy of this application to The Marshall School, the undersigned parents or legal guardians for the applicant authorize designated persons from The Marshall School to contact any of the person's listed above regarding the appropriateness of placement of the applicant into The Marshall School. Final determination of appropriateness at The Marshall School will be made by the Admissions Committee. This application form does not constitute an enrollment agreement. An application fee of \$125 must be submitted with this application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Parent or Guardian's Signature

Return this application to:

Admissions Director  
The Marshall School  
5707 Salem Run Blvd.  
Fredericksburg, VA 22407

The Marshall School admits students of any race, color or ethnic origin.