



APPLICATION FOR ADMISSION

APPLICANT INFORMATION

For academic year beginning 20__

FULL NAME: LAST FIRST MIDDLE

Student prefers to be called (nickname) Birth date

FAMILY INFORMATION

Applicant lives with: Check if appropriate:
Household #1 Parents married or partnered
Household #2 Parents separated
Both Parents divorced
Other

Parents/Guardians:

Household #1 Send mailings to this household
Name: Relation to student:
Home Address: City, State, Zip:
Occupation or Title: Employer:
Home Phone: Cell Phone: Email:

Household #2 Send mailings to this household
Name: Relation to student:
Home Address: City, State, Zip:
Occupation or Title: Employer:
Home Phone: Cell Phone: Email:

Present and Past Schools:	Name of school(s) attended during past three years:		
School Name:	City	Phone	Grades Attended
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Native Language: What language(s) are spoken in your home?

Ethnic Background: (Voluntary for reporting purposes. Please mark all applicable boxes.)
 African American
 Latino/Hispanic
 Asian American/Pacific Islander
 Native American
 Middle Eastern American
 Caucasian
 Multi-racial
 other: _____

What are schools are you considering for your student?

Financial Aid:
Will you be applying for financial aid? _____ If so, a financial aid application must be received by School and Student Service for Financial Aid (SSS) no later than the Application for Admission due date. Applications for financial aid can also be made online at www.nais.org/financialaid/sss. Our school code is 4651. Contact the school at 206-709-3800 with questions or if you need a financial aid application.

Application Fee: A \$65 non-refundable application fee must accompany this application.

PARENT OR GUARDIAN SIGNATURE

DATE



PARENT/GUARDIAN QUESTIONNAIRE

NAME OF PERSON COMPLETING THIS FORM

STUDENT NAME

RELATIONSHIP TO APPLICANT

Please answer the following questions on a separate sheet of paper and attach it to the application.

1. What factors contributed to your decision to apply to Lake Washington Girls Middle School?
2. Please comment upon your daughter's strengths (both as a person and a student).
3. Please describe your daughter's relationships with peers and adults.
4. LWGMS depends on a significant parental involvement in carrying out the day to day, administrative and business functions of the school. What part do you see yourself/selves playing in the school community? What do you consider to be your role in your daughter's education?
5. So that we may understand how your daughter would function within the LWGMS setting, please share with us information about any medical, social or learning challenges your daughter has and whether she is receiving counseling for an emotional problem or traumatic event.
6. Has your daughter ever skipped or repeated a grade? If so, please describe the nature of the decision.
7. Has your daughter ever been dismissed from any school? If yes, please describe the nature of the situation.

