## APPLICATION FOR ADMISSION

## 15 HIGH STREET MULLICA HILL, NJ 08062

PHONE: 856.478.2908 FAX: 856.478.0263 EMAIL: info@friendsmh.org

Date of Application:	Applying for Grade:			friends	
For PreK applicants - please ch	noose: 3 half days	3 full days	5 half days	Mullica Hill 5 full days	
School Year:					
Student's Name:					
La		First	Q1 :1 II	Middle	
Age: Date of Birth:					
Parent Name(s)					
Address	City/State/Zip Code				
Home Phone	Email		C	ell	
Present School			Present Grade	e	
School's Address			Phone #		
Donant Occupation			Title		
Parent Occupation					
Employer			Phone #		
Parent Occupation			Title		
Employer			Phone #		
If Quaker, which Monthly Mee	ting?				
Names/Ages of siblings					
Did any family member attend	FSMH? □YES □	INO Wł	no/When		
How would you evaluate your o	child's academic ac	hievement?			
What is his/her strongest/weak					
Has he/she had any remedial w					
In what areas?					

Has he/she had any beha	vioral, learning or psycl	hological testing or evalua	ations?
		ease explain	
(Please provide a copy of			
Is your child an independ	lent reader? □YES □	NO	
_		ntly read:	
•	•	□YES □NO What activi	
		ES □NO What sports?	
		ıld you describe your child	
Why have you decided to	apply to Friends School	l for your son or daughter	?
Any additional comment	s you feel would be rele	vant concerning the admis	ssion of your child?
Please return this applicate			Friends School Main Office.
Friends School of Mullica Hill programs and activities genera not discriminate on the basis of	admits students of any race, ally accorded or made availab of race, color, religion, nation	color, religion, national or ethn	
Parent or Guardian's Sign	ature	Parent or Guar	rdian's Signature