

# T H E C L A R I D E N S C H O O L

100 CLARIDEN RANCH RD. • SOUTHLAKE, TX 76092 • METRO 682.237.0400 • FAX 682.831.0300 • WWW.CLARIDENSCHOOL.ORG

## APPLICATION FOR ADMISSION

*This Application is for Grade Level* \_\_\_\_\_ *Year* \_\_\_\_\_ *Date of Application:* \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
FIRST MIDDLE LAST NICKNAME/GOES BY

Gender: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
STREET CITY STATE ZIP

**HOME AND FAMILY:** Applicant Resides with: \_\_\_\_\_

Father's Name (or Legal Guardian): \_\_\_\_\_  
FIRST MIDDLE LAST NICKNAME/GOES BY

E-mail: \_\_\_\_\_

Res. Phone: \_\_\_\_\_ Mobile/Pager #: \_\_\_\_\_

Residence: \_\_\_\_\_  
STREET CITY STATE ZIP

Occupation: \_\_\_\_\_ Business / Company Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Education (schools, major, degrees): \_\_\_\_\_

Mother's Name (or Legal Guardian): \_\_\_\_\_  
FIRST MIDDLE LAST NICKNAME/GOES BY

E-mail: \_\_\_\_\_

Res. Phone: \_\_\_\_\_ Mobile/Pager #: \_\_\_\_\_

Residence: \_\_\_\_\_  
STREET CITY STATE ZIP

Occupation: \_\_\_\_\_ Business / Company Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Education (schools, major, degrees): \_\_\_\_\_

Are Parents  Single  Married  Divorced  Separated  Remarried  Widowed?

Siblings (names & birthdays): \_\_\_\_\_

Other Household Members and relationship to child: \_\_\_\_\_

Languages Spoken in the Home: \_\_\_\_\_

Dates of moves, overseas travel, significant periods in care of Non-Parents: \_\_\_\_\_

**PARENTAL INFORMATION:** Indicate how you first heard about The Clariden School (please specify): \_\_\_\_\_

In the space provided, please indicate why you are interested in enrolling your child in The Clariden School: \_\_\_\_\_

**CHILDREN'S LEARNING HISTORY:** Present School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

List previous school beginning with most recent: \_\_\_\_\_

Reading History (phonics, look-say, other): \_\_\_\_\_

Learning Difficulties (include speech): \_\_\_\_\_

Has child been recommended for or received tutoring?  Yes  No If so, where and in what areas? \_\_\_\_\_

**DEVELOPMENTAL HISTORY:** General Temperament: \_\_\_\_\_

Fears: \_\_\_\_\_ Adopted? (age): \_\_\_\_\_

Premature \_\_\_\_\_ Complications at Birth: \_\_\_\_\_

At what age did child crawl? \_\_\_\_\_ walk? \_\_\_\_\_ talk? \_\_\_\_\_

Development observations or concerns \_\_\_\_\_

**CHILD'S HEALTH:** Describe the applicant's health, included any physical or medical considerations: \_\_\_\_\_

Serious Illnesses (ages): \_\_\_\_\_

Regular Daily Medication:  No  Yes Reason: \_\_\_\_\_

***I attest to the accuracy of the information supplied in this application for Student Admission.***

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE

**FOR STUDENTS ENTERING GRADES 6-12:** *In your own words, tell the Admissions Committee why you want to enroll in The Clariden School. Include any honors, awards or special interests you feel are important. Please handwrite your response. Use a separate sheet if there is not enough space here.*

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**TEACHER RECOMMENDATIONS:** *Students applying for Elementary (Grades Kindergarten-6th) should request recommendations from one classroom teacher and one other teacher. Students in grades 7-12 should request 3 recommendations. These should included a Math or Science teacher, an English or History teacher, and one additional teacher. Please list the teachers to whom you are sending recommendation request.*

Classroom Teacher: \_\_\_\_\_ Subject/Grade Level: \_\_\_\_\_

School Name/Address: \_\_\_\_\_

Classroom Teacher: \_\_\_\_\_ Subject/Grade Level: \_\_\_\_\_

School Name/Address: \_\_\_\_\_

Classroom Teacher: \_\_\_\_\_ Subject/Grade Level: \_\_\_\_\_

School Name/Address: \_\_\_\_\_