



# APPLICATION FOR ADMISSION

## ★ Applicant Information

Applicant's last name .....

First name ..... Prefers to be called ..... Gender M F

Date of birth ..... Applying for grade ..... Entry in September (year) .....

Has the applicant applied before? N Y (date) ..... Has he/she attended Miquon Day Camp? N Y (date) .....

Present school or day-care .....

School mailing address .....

Classroom teacher or Director .....

Attended since ..... School phone number .....

Applicant's brothers and sisters (names, ages, schools attending)  
.....

## ★ Family Information

*Typically correspondence is by e-mail and will be sent to the household listed first.* This parent/guardian lives in  Same  Different Household

Parent / Guardian <sup>1</sup> ..... (first and last names)	Parent / Guardian <sup>2</sup> ..... (first and last names)
Relationship to the Applicant: .....	Relationship to the Applicant: .....
Address .....	Address ..... (if different)
.....	.....
Home phone .....	Home phone ..... (if different)
Mobile phone .....	Mobile phone .....
E-mail <sup>1</sup> .....	E-mail <sup>2</sup> .....
Occupation .....	Occupation .....
Employer .....	Employer .....
Work phone .....	Work phone .....
Applicant lives in this household <input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant lives in this household <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Adults in this household are:</b>	<b>Adults in this household are:</b>
<input type="checkbox"/> Married <input type="checkbox"/> Divorced	<input type="checkbox"/> Married <input type="checkbox"/> Divorced
<input type="checkbox"/> Partnered <input type="checkbox"/> Widowed	<input type="checkbox"/> Partnered <input type="checkbox"/> Widowed
<input type="checkbox"/> Separated <input type="checkbox"/> Never Married	<input type="checkbox"/> Separated <input type="checkbox"/> Never Married

If parents are separated or divorced, please briefly describe arrangements (only or primarily with one parent / divides time between both parents / other)

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\*Who should receive Miquon School correspondence (full names):.....

\*What are the applicant's custody, living, and visitation arrangements, including stepparents' names:

.....  
.....

**★ Other Information**

Who will be responsible for paying tuition? (full names) .....

Family members who have attended Miquon  
(names, relationship to applicant, years of attendance) .....

.....

You will receive a confidential recommendation form to give to your child's current teacher, and a parent questionnaire for you to complete. These will help us in getting to know your child prior to his/her visit.

Is there anything that you would like us to be aware of immediately? .....

.....  
.....

**★ Financial Aid**

Would you like to receive our Financial Aid information?  Yes  No If so, we will send you the necessary application forms.

**★ Parent/ Guardian Signature(s)**

I / we have enclosed the non-refundable application fee of \$50.

I / we give permission for The Miquon School to contact or visit the applicant's present school if additional information is required.

Signed ..... Date .....

Signed ..... Date .....

**Return completed application and \$50 fee to the Director of Admissions  
The Miquon School, 2025 Harts Lane, Conshohocken PA 19428-2414**