

ADMISSIONS APPLICATION

Prekindergarten – 8th Grade



For Grade: _____ For Year: _____

For Prekindergarten only: Half day Full-day

For which Campus: Point Loma Lower School La Mesa Lower School Middle School

Applicant's Name: _____
LAST FIRST MIDDLE PREFERRED NAME

Date of Birth: _____ Birthplace: _____ Gender: Male Female

Address: _____
STREET CITY STATE ZIP CODE

Father's Name: Dr./Mr. _____ **Email:** _____

Home Address: Check If Same As Applicant

_____ STREET CITY STATE ZIP CODE

Occupation: _____ Employer: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Mother's Name: Dr./Ms./Mrs. _____ **Email:** _____

Home Address: Check If Same As Applicant

_____ STREET CITY STATE ZIP CODE

Occupation: _____ Employer: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Child lives with: Both Parents / Mother Only / Father Only / Joint Custody / Other: _____

Child's Present School: _____ **Phone Number:** _____

School Address: _____
STREET CITY STATE ZIP CODE

Teacher's Name: _____ May we contact the school for reference information? Yes / No

Please list Applicant's Siblings:

Name: _____ Age: _____ Grade: _____ School: _____

Name: _____ Age: _____ Grade: _____ School: _____

Name: _____ Age: _____ Grade: _____ School: _____

Languages spoken at home: _____

Feel free to attach an extra sheet, if necessary, for the following questions:

Does your child have any physical conditions, learning, speech/language or psychological issues requiring special attention? Yes No If yes, please explain: _____

Has your child had an educational or psychological evaluation? Yes No Date of evaluation: _____

Has your child had tutoring support or therapy? Please explain. _____

Briefly describe your child's strengths, weaknesses, and special interests? _____

Has your child ever been suspended, expelled, or been the subject of any serious disciplinary action at school?
 Yes No If yes please describe: _____

How did you hear about Warren-Walker School? _____

Please list any relatives, including yourself, who have attended Warren-Walker School: _____

What are you seeking for your child in a school? _____

Is there anything else you want us to know about your child? _____

Check if you would like to receive information regarding Financial Aid/ Scholarships.

Ethnicity (Optional)

- | | |
|---|--|
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> American Indian/Native American |
| <input type="checkbox"/> Hispanic – Latin American | <input type="checkbox"/> Black |
| <input type="checkbox"/> Hawaiian or Pacific Islander | <input type="checkbox"/> Multi-Racial |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other |

Warren-Walker School welcomes applications from candidates without regard to race, color, national or ethnic origin, or religion.

Please mail your completed application to:

Admission Office
Warren-Walker School
4605 Point Loma Ave
San Diego, CA 92107

Warren-Walker School
www.warren-walker.com
Point Loma • Mission Valley • La Mesa