

Student's Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female	Date:	
Street Address:		City:	State:	Zip:
Grade Applying for:		Current Grade:	Date of Birth:	
What options are you interested in? <input type="checkbox"/> After School Care (begins at 3 pm) <input type="checkbox"/> After School Care for Noon dismissal days (12-3 pm)				
<b>MOTHER'S INFORMATION</b>	Mother's Name:			
	Street Address (If different from Applicant):		Apartment/Unit #:	
	City:	State:	Zip:	
	Preferred Phone:	E-mail Address:		
<b>FATHER'S INFORMATION</b>	Father's Name:			
	Street Address (If different from Applicant):		Apartment/Unit #:	
	City:	State:	Zip:	
	Preferred Phone:	E-mail Address:		
Student resides with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other Please explain_____				
Student's current school & address: _____				
<b>FAITH AFFILIATION</b>				
Faith Affiliation/ Name of Church or faith community:				
<b>OPTIONAL INFORMATION (PLEASE CHECK ALL THAT APPLY):</b>				
<input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Black/African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian/Anglo-American <input type="checkbox"/> other <i>Please specify</i> _____				
Person responsible for all fees:				
Address if different from above:				
<b>PARENT/ GUARDIAN SIGNATURE - Required</b>				
The information provided here is complete and accurate. I acknowledge my child's application materials are confidential and will not become a part of their permanent record.				
Printed Name		Signature	Date	
<small>New Covenant School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational or admissions policies, scholarship and loan programs, and athletic and other school-administered programs.</small>				

Please submit this completed application, along with the \$50 application fee, to:  
New Covenant School  
Attn: Admissions  
9 Westminster Ave., Arlington, MA 02474

**About Your Child**

*The staff of New Covenant School desires to benefit from your understanding of who your child is. Please use this form to tell us about your child. Both parents should work together to complete this form. Please attach extra pages if needed and remember to complete both pages.*

Student Last Name:	First Name:	Middle Name:
Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Current Grade:
Applying for Grade:		
1. What are your child's greatest strengths and talents?		
2. What aspects of your child's personality give you the most joy?		
3. What about your child most challenges you as a parent?		
4. Describe the ways in which your child interacts with other children.		

5. Has your child had any challenging experiences that might be affecting or influencing his or her behavior? (e.g. frequent moves, divorce or separation, medical issues, death of a close relative) If so please describe.

6. Is your child on any prescription medication? If so, please describe.

7. Has your child ever been referred for educational assessments or services? If so, what were the results?

8. What else do you think is important for us to know about your child and your family?