

Application for Grades 1-5

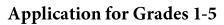
Student's Name:		Male Male	Male Female Date of Birth:					
Street Address:			City:		State:	Zip:		
Grade Applying for:			Current (Grade:	Today's date:			
What options are you interested in? After School Care (begins at 3			pm)	After School Care for	Noon dismissal day	s (12-3 pm)		
MOTHER'S INFORMATION	Mother's Name:							
	Street Address (If different from Applican			Apartment/Unit #:				
	City:		State:		Zip:			
	Preferred Phone:		E-mail Address:					
FATHER'S INFORMATION	Father's Name:							
	Street Address (If different from Applicant):				Apartment/Unit #:			
	City:		State:		Zip:			
	Preferred Phone:		E-mail A	ddress:				
Student resides with: Both Parents Mother Father Guardian Other Please explain								
Student's current school & address:								
FAITH	AFFILIATION							
Faith A	ffiliation/ Name of Church or faith commu	ınity:						
OPTIC	DNAL INFORMATION (PLEASE CHECK	ALL THAT APPLY	():					
American Indian/Native American Black/African-Ameri			can	Hispanic	Middle Easter	rn		
Asian/Pacific Islander Caucasian/Anglo-Ang			nerican	other	Please specify			
Person responsible for all fees:								
Address if different from above:								
PARENT/ GUARDIAN SIGNATURE - Required								
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			Da	te				
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.								

Please submit this completed application, along with the \$50 application fee, to:

New Covenant School

Attn: Admissions

9 Westminster Ave., Arlington, MA 02474

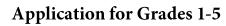




About Your Child

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:	Mid	Middle Name:				
Date of Birth:	Male Female	Current Grade:	Applying for Grade:				
What are your child's greatest strengths and talent	s?						
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 pare	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?						