

Spring Valley School Admissions Application

Student's Social Security #: _____

Date: _____

Student's Name: _____

First

Last

MI

goes by

Address: _____

Street

City

State

Zip

Email

Date of Birth: _____ Age: _____ Gender: _____ Birth Place: _____

Siblings: _____

Current Grade : _____ Current School: _____ Address: _____

Father's Name: _____

Last

First

Middle

Address: _____

City

State

Zip

Home Phone: _____

Cell Phone: _____

Employer: _____

Business Phone: _____

Occupation: _____

Father's Social Security #: _____

Mother's Name: _____

Last

First

Middle

Address: _____

City

State

Zip

Home Phone: _____

Cell Phone: _____

Employer: _____

Business Phone: _____

Occupation: _____

Mother's Social Security #: _____

Continued on other side...

Previous Schools Attended:

Dates Attended:

List any health problems:

List any medications taken regularly and their purpose:

List your child's strengths:

List your child's areas of needs:

What are your goals for your child?