

Admissions Application

PLEASE PRINT:

Applicant's (child's) Name: _____ Social Security Number: _____

Child's Birth Date: ___/___/___ Birthplace: _____

Street: _____

City/State/Zip: _____ County _____

School District: _____ Intermediate Unit: _____

This information is for statistical purposes only and will not be used in the admission decision process. Please check appropriate boxes.

Sex: () Female () Male

Race: (check one or more):

() African American/Black () American Indian or Alaska Native () Asian

() Caucasian/White () Native Hawaiian/Pacific Islander () Other: _____

Parent's Name: _____

Are you the: () Parent () Foster Parent () Legal Guardian

Address: (If different from applicant's permanent address)

Street: _____

City/State/Zip: _____

Telephone: Office: () _____ HOME: () _____

E-Mail Address: _____

Custody Status:

Has any court order ever been made concerning the care and/or custody of this applicant? () yes () no

If yes, attach a copy of the court order.

How did you learn about the Western Pennsylvania School for the Deaf?

_____ Web _____ Physicians, Audiologists

_____ School District/Intermediate Unit _____ Parent/Infant Program

_____ Current Student or Parent _____ Other

Why do you want to enroll your child at WPSD? _____

Person completing application:

Signature _____ Date _____