

Today's Date \_\_\_\_\_

Applicant Last Name \_\_\_\_\_

# State College Friends School APPLICATION FOR ENROLLMENT



Please return the completed form along with a \$40 non-refundable application fee to *State College Friends School, 1900 University Drive, State College, PA 16801*. Checks should be made payable to **State College Friends School or SCFS**.

## APPLICANT INFORMATION

**Name:** \_\_\_\_\_ **Gender:**  F  M  Other  
*Last First M.I.*

**Date of Birth** (MM/DD/YYYY): \_\_\_\_\_ **Age:** \_\_\_\_\_

**Primary Address:** \_\_\_\_\_  
*Street and/or PO Box City State Zip*

Application is made for the 20\_\_ - 20\_\_ school year. **Grade:** \_\_\_\_\_

If applying for pre-k or kindergarten, please indicate half-day or full day:  Half-Day  Full-Day

**What school (if any) does the applicant attend?** \_\_\_\_\_

**Name of School:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**School Address:** \_\_\_\_\_  
*Street and/or PO Box City State Zip*

**Name of Current Teacher of Guidance Counselor:** \_\_\_\_\_

## FAMILY INFORMATION

**Parent/Guardian 1 Name:** \_\_\_\_\_  
*Last Name First Name Relationship to Student*

**Address** (if different from applic.): \_\_\_\_\_  
*Street and/or PO Box City State Zip*

**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_

**Parent/Guardian 2 Name:** \_\_\_\_\_  
*Last Name First Name Relationship to Student*

**Address** (if different from applic.): \_\_\_\_\_  
*Street and/or PO Box City State Zip*

**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_

