

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

If applying for Pre-K, how many days do you expect your child to attend?  2  3  5

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: \_\_\_\_\_

