

Application for Admission

I. Information about your child

Name		B	irthday	
Name your child wish	es to use at school			
Gender F	M			
Home Address				
	Street		City	
II. Information	ı about your famil	ly		
Parent/Guardian Nam	e #1			
Home address				
	Street		City	Zip
Home phone	Cell phone		_Work pho	one
Email address		_Occupation _		
Employer	Interests/H	obbies		

II. Information about your family (continued)

Parent/Guardian Name #2				
Home address				
Street		City	Zip	
Home phone	Cell phone	Work phone		
Email address	Occ	cupation		
Employer Interests/Hobbies				
III. Other children in f	family			
Name	Age	School		
Name	Age	School		
Name	Age	School		
Name	Age	School		

IV. Personal information about your child

Does your child have any particular fears or dislikes at this age that would be relevant to being in a small group setting?

Does your child have any allergies or other health issues that are important for teachers to be aware of in a group situation?

V. Parent/Guardian educational goals

Briefly share with us your main goals for your child in an educational setting (social growth, academic skills, friendship building, etc.)

VI. Parent signature and date

We do review application on a dated basis and try to offer spots in a timely fashion. Please be sure to sign and date the application below. Please send this application and a \$50.00 *non-refundable* application fee to:

> Illuminate School 914 E Miller St.

Seattle, WA 98102

Please make checks payable to: *Illuminate School*. For questions please email Emelie at emeliekallen@hotmail.com. Thanks for your interest in our school.

I certify that all of the information provided by me on this application is complete and correct. I authorize Illuminate School, LLC to verify the accuracy of all information provided herein. I understand that falsification of information on this application is grounds for non-acceptance at this school.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date