



Since 1983

# SWAN SCHOOL

*Creative Independent Education*

## APPLICATION FOR K-6

Date of application: \_\_\_\_\_ Applying for school year: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Child's Birthdate: \_\_\_\_\_  Male  Female

Parent/Guardian Name(s): \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Contact Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Last grade completed: \_\_\_\_\_

Has your child previously been enrolled in elementary school?  yes  no

If your child has previously been enrolled in school, please have his/her teacher complete the attached referral questionnaire and return it. Your application will not be considered complete without this referral.

Why are you considering changing schools? \_\_\_\_\_

\_\_\_\_\_

Has your child experienced multiage education?  yes  no

Has your child ever received services for any of the following:

Gifted Education  Special Education  Title I

Do you have other children enrolled at Swan?  yes  no

How did you hear about Swan School? \_\_\_\_\_

Please answer the additional questions on the back of this sheet →

How would you describe your child's enjoyment/aptitude in the following areas?

Science/Social Studies: \_\_\_\_\_

\_\_\_\_\_

Reading: \_\_\_\_\_

\_\_\_\_\_

Writing: \_\_\_\_\_

\_\_\_\_\_

Math: \_\_\_\_\_

\_\_\_\_\_

Art: \_\_\_\_\_

\_\_\_\_\_

Music: \_\_\_\_\_

\_\_\_\_\_

Other interests? (Favorite games, toys, activities, etc.): \_\_\_\_\_

\_\_\_\_\_

What would you like your child to derive from this school experience?

\_\_\_\_\_

\_\_\_\_\_

How would you describe your child's learning style?

\_\_\_\_\_

\_\_\_\_\_

How would you characterize your child's social skills?

\_\_\_\_\_

\_\_\_\_\_

What are your child's feelings about previous school experiences?

\_\_\_\_\_

\_\_\_\_\_

Signature of applicant: \_\_\_\_\_