



Since 1983

SWAN SCHOOL

Creative Independent Education

APPLICATION FOR K-6

Date of application: _____ Applying for school year: _____

Child's Name: _____

Child's Age: _____ Birthdate: _____ Gender: _____

How did you hear about Swan School? _____

Parent/Guardian Name: _____ Contact Number: _____

E-mail: _____

Parent/Guardian Name: _____ Contact Number: _____

E-mail: _____

Contact Address: _____

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 the 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

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: _____