



THE WILSON SCHOOL

Pre-Kindergarten through Eighth Grade

APPLICATION FOR ADMISSION

Application for Grade _____ for the _____ academic year

Name of Student _____ Age _____
First Middle Last

Address _____
Street City State Zip

Home Phone # _____ Date of Birth _____

Child's Social Security # _____ Gender Male Female

Family Information:

Parent/Guardian filing application _____ Relationship to child _____

Address (if different from above) _____

Home Phone # _____ Work Phone # _____

Business Name and Address _____

Occupation _____ Cell Phone # _____

Other Parent/Guardian _____ Relationship to child _____

Address (if different from above) _____

Home Phone # _____ Work Phone # _____

Business Name and Address _____

Occupation _____ Cell Phone # _____

Student lives with: (check all that apply)

Father Mother Stepfather Stepmother Other _____

Brothers and Sisters of the Applicant:

Name _____ Grade _____ School _____

Name _____ Grade _____ School _____

Name _____ Grade _____ School _____



Founded
1909

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271 BOULEVARD, MOUNTAIN LAKES, NJ 07046
PHONE (973) 334-0181 FAX (973) 334-1852
www.thewilsonscool.com

(attach photo here)
(optional)

Personal History: (Optional)

Has your child undergone any educational or psychological testing? yes no

If so, by whom and when? _____

Are the results of these tests available to the school? yes no



Financial Responsibility will be assumed by:

Name _____ Relationship to applicant _____

Address _____ Phone # _____

I/We understand that a student is enrolled for the full academic year, and that no financial deductions will be made for absence, dismissal or withdrawal.

Signature of person assuming financial responsibility _____

Social Security # of person assuming financial responsibility _____ Date _____

I declare that the information reported herein is true, accurate and complete. I further understand that any willful omission or misrepresentation of the facts on this form will be considered grounds for removal of this application for admission and financial assistance eligibility.

Signature of parent or guardian

Date

Applicants are considered for admission without regard to sex, race, religion or ethnic origin. The Wilson School will make reasonable accommodation for applicants during the admissions process in accordance with the Americans with Disabilities Act.

**Please return this form along with a nonrefundable application fee of \$75.00 to:
The Admissions Office, The Wilson School, 271 Boulevard, Mountain Lakes, NJ 07046**