

Lincoln School

Application for Admission

Please circle the grade for which you are applying: N PreK K 1 2 3 4 5 6 7 8 9 10 11 12

Please record the year for which you are applying: September 20____

Applicant

Name _____
Last First Middle Nickname

Address _____
Street City State Zip

Student email (optional) _____

Age _____ Applicant lives with: both parents mother father other

Birthdate _____ Home Telephone _____

Racial/Ethnic Identity (Optional): African-American Asian CapeVerdian Caucasian Hispanic
 International Middle Eastern Multi-Racial Native American Pacific Islander
 Is the applicant a citizen of the United States? yes no

Please check here if you would like to receive financial aid and tuition payment planning materials.

Family

Parent/Guardian: _____ Relationship: _____

Address _____
(if different from applicant's) Street City State Zip

Home Phone: _____ Business Phone: _____ E-mail: _____

Occupation/Title: _____ Company: _____

Parent/Guardian: _____ Relationship: _____

Address _____
(if different from applicant's) Street City State Zip

Home Phone: _____ Business Phone: _____ E-mail: _____

Occupation/Title: _____ Company: _____

Check if appropriate: Mother deceased Father deceased Parents separated Parents divorced
 Mother remarried Father remarried

If parents are separated or divorced, to whom should admission correspondence be sent? _____

Applicant's siblings (names, ages, current schools):

Sister(s) _____ Brother(s) _____

Person financially responsible for the student:

Name: _____ Relationship: _____

Address _____
Street City State Zip

Home Phone: _____ Business Phone: _____

School

Present School: _____ Grades Attended: _____

Telephone: _____ Dates: _____

School Address _____
Street City State Zip

Previous School: _____ Grades Attended: _____

Telephone: _____ Dates: _____

School Address _____
Street City State Zip

Student Interests:

Academic: _____

Athletic (Sport, League, Level): _____

Artistic (Music, Art, Drama): _____

Tests

For grades 6-12 only, the Secondary School Admission Test (SSAT) or Independent School Entrance Exam (ISEE) is required.

I have taken the SSAT or ISEE on _____, _____. I plan to take the SSAT or ISEE on _____, _____.

Has the applicant ever been referred for an educational evaluation? yes no

Relations

Relatives who have attended or presently attend Lincoln School:

Name _____ Relationship _____ Class of _____

Name _____ Relationship _____ Class of _____

How did you find out about Lincoln School? (Please be specific) Publication _____ School Event _____

Friend/Relative _____ School Fair _____ Website _____

Application Fee

_____ Enclosed is a check for \$50, payable to Lincoln School, for the non-refundable application fee.

_____ The applicant is (1) an alumna daughter (2) current student's sibling. (3) enrolled at Lincoln's Infant and Toddler Center.

As a courtesy, the application fee is waived.

Signature

We have provided accurate information and agree that Lincoln School may contact the schools listed herein for further information.

If this application leads to the applicant's attendance at Lincoln, we agree to adhere to the policies and regulations of Lincoln School as set by the Board of Trustees and as administered by the Head of School and Staff.

Signature of Applicant (if applicable): _____

Signature of Parent or Guardian: _____

Date of Application: _____

Lincoln School does not discriminate in admission or access to, or participation in its programs and activities on the basis of disability, race, color, religion, creed, sexual orientation, ancestry, citizenship, or national or ethnic origin. Nor does Lincoln School discriminate in employment on the basis of any of these categories. Any questions in this regard should be directed to the Head of School.

Please mail to: Lincoln School, 301 Butler Ave. Providence, RI 02906, Attn: Admission Office



Lincoln School

301 Butler Avenue, Providence, RI 02906

Tel: (401) 331 9696 Fax: (401) 751-6670

www.lincolnschool.org