MFS | 1785

Moorestown Friends School

Application for Pre-K through Grade 12

Applicant Information

Applicant Name _____ Date _____

Nickname _____ Date of Birth _____

Applicant Address _____

City _____ State _____ Zip _____

Present Grade _____ Applying for Grade _____ Academic Year 20 /20

Present School _____

School Address _____

School Telephone _____ Principal/Guidance _____

FAMILY INFORMATION - Full names of both parents (or guardians) plus home address(es)

Father	Mother
Address	Address
City, State, Zip	City, State, Zip
Telephone	Telephone
Cell Phone	Cell Phone
E-Mail	E-Mail
Occupation	Occupation
Employer	Employer
Address	Address
City, State, Zip	City, State, Zip
Telephone	Telephone
College(s) attended	College(s) attended
Degrees	Degrees

If parents' addresses are different, applicant resides with _____

To which parent should correspondence be sent? O Father O Mother O Both

OTHER CHILDREN IN FAMILY

Name _____ Age _____ School or College _____

Name _____ Age _____ School or College _____

Please provide additional information on the reverse side.

ADDITIONAL INFORMATION

Previous schools of Applicant (Last one first): _____

1. School _____ Grades _____ Principal/Director _____

Address _____ Phone _____

City _____ State _____ Zip _____

2. School _____ Grades _____ Principal/Director _____

Address _____ Phone _____

City _____ State _____ Zip _____

Are there any physical or emotional factors that the school should know about? _____

_____

Has your child received psycho-educational testing or a medical diagnosis which has resulted in an accommodation plan? _____ If yes, please provide a copy.

Does your child have a disciplinary record? _____ If yes, please provide a copy.

If applicant or family belongs to the Society of Friends, name of the Monthly Meeting: _____

_____

How did your family hear of the school? _____

_____

Family or friends who have attended MFS, including relationship: _____

_____

Has the applicant applied to Moorestown Friends School at any other time? O Yes O No

Citizenship of student _____ Ethnic Origin (optional) _____

Is any language other than English spoken in the home? _____

We understand that if the applicant is accepted, enrollment is for the entire academic year.

Signature of parents or guardians

_____

_____

Date_____

Signature of student (grade 6-12)

_____

_____

Date_____

Do you wish to apply for financial aid, which is available in grades 1 through 12? O Yes O No

If you answer yes, a Financial Aid application will be sent to you in mid-January.

A non-refundable application and testing fee of $45 is required with the filing of this application.
Please make checks payable to Moorestown Friends School and mail with this application to:
Admissions Office, Moorestown Friends School, 110 East Main Street, Moorestown, New Jersey 08057.

Moorestown Friends School admits students without regard to race, color, creed, national origin, ancestry, gender, or sexual orientation.