



ADMISSION APPLICATION

Year applying for: 2009-10

A. CANDIDATE INFORMATION

Name (First/Middle/Last)	Birth Date (month/day/year)	Gender	Yes/ No Current Baker Sibling?
Present School and Address		Current Grade	
Applying to the following grade:	<input type="checkbox"/> 2 day Toddler	<input type="checkbox"/> 3 day Toddler	<input type="checkbox"/> 5 day Toddler
Toddler applicants only:	<input type="checkbox"/> 8:15 -10:15 a.m.	<input type="checkbox"/> 11 a.m.-1 p.m.	<input type="checkbox"/> Either
	<input type="checkbox"/> 2 day Preschool	<input type="checkbox"/> 3 day Preschool	<input type="checkbox"/> 5 day Preschool
	<input type="checkbox"/> Kindergarten	<input type="checkbox"/> 1 st Grade	<input type="checkbox"/> 2 nd Grade
	<input type="checkbox"/> 3 rd Grade	<input type="checkbox"/> 4 th Grade	<input type="checkbox"/> 5 th Grade
	<input type="checkbox"/> 6 th Grade	<input type="checkbox"/> 7 th Grade	<input type="checkbox"/> 8 th Grade
School/Program(s) Attended - <i>if applicable</i>	Location(s)	Grade(s)	Date(s)

B. FAMILY INFORMATION

<input type="checkbox"/> Parent 1	<input type="checkbox"/> Guardian	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Dr.	<input type="checkbox"/> Parent 2	<input type="checkbox"/> Guardian	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Dr.
Name (First/Middle/Last)					Name (First/Middle/Last)				
Home Address					Home Address				
City/State/Zip					City/State/Zip				
Home Phone		Cell Phone			Home Phone		Cell Phone		
Email Address					Email Address				
Employer and Occupation					Employer and Occupation				
Business Address					Business Address				
Business Phone					Business Phone				
School(s) Attended		Degree(s)			School(s) Attended		Degree(s)		

Parents Married Parents Divorced Parents Separated Single Parent Guardian Relationship of Guardian:
If parents are divorced, who has legal custody? Joint custody?

Father remarried – Stepmother’s name: _____

Mother deceased

Mother remarried – Stepfather’s name: _____

Father deceased

C. STUDENT EVALUATIONS

Please list **all** school or private evaluations your child has had, including the date and test(s) administered (i.e. IEP, 504 accommodations, special services outside school hours such as social work, speech and language, learning disabilities, etc.). This information is an obligatory step of Baker’s admissions and enrollment process. If the School becomes aware that this required information was withheld after the child has been admitted and enrolled, any enrollment contract between the family and Baker will be voided, and the child will no longer be able to attend.

Describe any medical or other difficulties which should be taken into consideration in planning your child’s experience at Baker:

D. FINANCIAL INFORMATION

Who will be financially responsible for the applicant? Both parents Parent 1 Parent 2 Guardian Other

E. REASON FOR APPLICATION

Please **attach** a description of your child’s developmental, social and academic history and a brief explanation of why you feel Baker Demonstration School would be a good fit for your child and family. We’d also appreciate a recent family photo.

F. OTHER INFORMATION

Applicants’ Ethnic Identity (Optional)

African-American/Black Alaskan Native/Pacific Islander Asian-American Caucasian/White Hispanic/Latino(a)

International Middle Eastern Multiracial Native American Other: _____

Other Children in the Family:

Name(s):

Birthdate(s):

School(s):

Child’s Primary Language: _____

Child’s Second Language: _____

Who else in the home speaks a language other than English? _____

Other schools being considered for this candidate: _____

Please list any friends or relatives who have attended Baker Demonstration School:

All of the above information is true to the best of my knowledge. I authorize Baker Demonstration School, Inc.® to contact schools and other sources to obtain information to support this application. I authorize Baker Demonstration School, Inc.® to investigate my child’s academic record and performance and to secure information Baker Demonstration School, Inc.® deems pertinent. A **\$75 non-refundable application fee** will be required at the time of application submission. All children entering Baker Demonstration School, Inc.® must have a medical exam before the start of school.

Date: _____ Signature(s): _____

For office use only

Application fee \$75

Date Paid: _____

Date Entered: _____