

# Application to be Considered for Admissions

Please complete and return this to Dunwoody Prep

**Child's Full Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

Child Prefers to be Called \_\_\_\_\_  Male  Female

Child's Home Address \_\_\_\_\_  
\_\_\_\_\_

Primary Telephone (\_\_\_\_\_) \_\_\_\_\_  landline  cell

**Child's Living Arrangements**  Both Parents  Mother  Father  Other \_\_\_\_\_

**Parent/Guardian**  Mr.  Mrs.  
Full Name \_\_\_\_\_  
Name Called \_\_\_\_\_  
Work Phone (\_\_\_\_\_) \_\_\_\_\_  
Cell Phone (\_\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_

**Parent/Guardian**  Mr.  Mrs.  
Full Name \_\_\_\_\_  
Name Called \_\_\_\_\_  
Work Phone (\_\_\_\_\_) \_\_\_\_\_  
Cell Phone (\_\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_

**Siblings** – Please list any siblings applying to Dunwoody Prep at this time

Name	Date of Birth
1. _____	____/____/____
2. _____	____/____/____
3. _____	____/____/____

**Please help us get to know your child better please answer the below questions**

All child care arrangements since birth (previous and current) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previously or Current  Physical Therapy  Occupational Therapy  Speech Therapy  None

*Please include any information that you would like to share regarding your child or family such as languages spoken in the home, language exposure your child has experienced, allergies, learning differences, etc.* \_\_\_\_\_  
\_\_\_\_\_