

Admission Application

Application for Grade _____
School Year 20____- 20 _____

Applicant's Name _____

Last First Middle Name Called

Address _____

Street

City

State

Zip

Subdivision _____ Applicant's Social Security Number _____

Date of Birth _____ Current Age _____ Home Phone _____

Contact Information

Father's Name: Mr. ___ Dr. ___ Rev. _____

Mother's Name: Mrs. ___ Ms. ___ Dr. ___ Rev. _____

Last First Middle Initial

Last First Middle Initial

Name Called: _____

Name Called: _____

Address: _____

(if different from applicant)

Address: _____

(if different from applicant)

Home Phone _____ Business Phone _____

Home Phone _____ Business Phone _____

Father's Employer/ Occupation _____

Mother's Employer/Occupation _____

Father's Educational Background: _____

Mother's Educational Background _____

Applicant lives with (check any that apply): Father ___ Mother ___ Stepfather ___ Stepmother ___ Grandparents ___

Financial Responsibility for the applicant will be assumed by _____

Name Relationship to Applicant

Social Security Number

Address

City

State

Zip

Please check any that apply ___ Father deceased ___ Mother deceased ___ Parents divorced ___ Parents separated

Applicant's current school: _____ Current Grade: _____

Address _____ Phone: _____

Street

City

State

Zip

Name of Principal/Head of School: _____

List any other previous schools attended: _____

Name of school	Dates attended	Grades
_____	_____	_____
_____	_____	_____

Extra-curricular involvement, awards, special talents, or interests? _____

Parents, are there any special circumstances which should be considered in evaluating this applicant? _____

Does the applicant have any special health /emotional problems, or has he/she been evaluated for speech, vision, or any learning difficulty? _____

To be answered by the applicant:

Why you want to attend Millwood Upper School: _____

How did you first become interested in Millwood School? Friend, Friend's Name _____

Print Ad Open House School referral Phone Book

Website Summer Program Educational Consultant

Applicant's brothers and sisters:

Name	M/F	Age	School Attending	Grade
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_____	_____	_____	_____	_____
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Date of Application _____

Student Signature _____ Parent/Guardian Signature _____

Please return application to: Millwood School Admissions Office,
15100 Millwood School Lane, Midlothian, VA 23112

Please Read Carefully: A non-refundable \$75.00 testing and application fee must accompany this application

Millwood School admits students of any race, color, national, and ethnic origin to all rights privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

804-639-3200

www.millwoodschool.org