

Application for Admission

Student Information:		
	First Name:	
Nickname or preferred name:		
Date of Birth:	Age	
Allergies/medical conditions/medical	ations	
Primary Guardian Information		
Name:	Relationship:	
Phone:	Email:	
Address:		
Secondary Guardian Information		
Name:	Relationship:	
Phone:	Email:	
Address:		
Sibling information (names and age		
Please email this form to Ampersan	dschoolhouse@gmail.com	

Office Use Only

Seat # _____ Waitlist # _____