

**RECENT PHOTOGRAPH
OF APPLICANT MUST BE
ATTACHED FOR APPLICATION
TO BE COMPLETE**



**Application
for Admission**

**PLEASE TYPE OR
PRINT ENTIRE FORM**

THE PHELPS SCHOOL

Est. 1946

583 Sugartown Road, Malvern, PA 19355

Telephone: 610-644-1754 Fax: 610-644-6679 www.thephelpsschool.org

Applicant Data () Boarding () Day

Name		Social Security #		Cell Phone	
First	Middle				Last
Preferred Nickname (if any)		Social Security #		Cell Phone	
Date of Birth	Place of Birth	E-mail			
Grade Applicant Expects to Enter	Date of Proposed Entrance	Month	Year		
Citizen of What Country			Passport #		

Family Data

Father/Legal Guardian () Deceased

Mother/Legal Guardian () Deceased

Name in Full				
Social Security #				
Home Address	Street	City	State	Zip Code
	Country			
Home Telephone	Include all area codes		Include all area codes	
Home Fax	Include all area codes		Include all area codes	
Cell Phone	Include all area codes		Include all area codes	
E-mail				
Occupation				
Title				
Business/Firm Name				
Business/Firm Address	Street	City	State	Zip Code
	Country			
Preferred Mailing Address	() Home () Business			
Business Telephone	Include all area codes		Include all area codes	
Business Fax	Include all area codes		Include all area codes	
College/Degree				
Religious Preference				

Other Children in Family	boys #	Ages	Girls #	Ages
Custodial Parent(s):	() Mother	() Father	() Joint	() Guardian:

Send all reports and correspondence to:

Is the applicant related to an alumnus of The Phelps School: () Yes () No Name

Grandparents

Paternal

Maternal

Names (in full)

Living or Deceased

Home Address

Street

Street

City State Zip Code

City State Zip Code

Country

Country

Home Telephone

Include all area codes

Include all area codes

E-mail

School/Program Currently Attending

Name of School

Telephone

Include all area codes

Contact Person

Telephone

Include all area codes

Address

Street

City

State

Zip Code

Country

Do we have parental permission to send for school records? () Yes () No **Please authorize the school to send us the transcripts immediately.**

Has applicant ever been suspended or dismissed from school, or involved with the police? () yes () no

Briefly explain.

Previous Schools/Programs Attended (within the past three years)

Name of School

Telephone

Include all area codes

Contact Person

Address

Street

City

State

Zip Code

Country

Dates Attended _____ to _____

Month

Year

Month

Year

Reason for Leaving

Name of School

Telephone

Include all area codes

Contact Person

Address

Street

City

State

Zip Code

Country

Dates Attended _____ to _____

Month

Year

Month

Year

Reason for Leaving

References

Current Teacher (Subject - _____)

Current Teacher (Subject - _____)

Name

Address

Street

Street

City State Zip Code

City State Zip Code

Country

Country

E-mail

Telephone

Include all area codes

Include all area codes

Please ask each of your references to complete and return one of the enclosed recommendation forms.

How Did You Hear About Phelps?

Internet Consultant/Psychologist Family/Friends Other:

Name _____ Telephone _____
Include all area codes

Address _____
Street City State Zip Code Country

E-mail _____

Copies of my son's quarterly and semester reports may be sent to the person listed above: Yes No

Academic and Extracurricular Comments

Subject Strengths _____

Subject Weaknesses _____

Sports, Hobbies and Special Interests _____

Counseling

Is your son currently receiving any sort of therapeutic services? Yes No

Explain reason for participation _____

Psychological/Educational Assessment

Has a psychological/educational evaluation been done for your son within the last five years? Yes No Date administered: _____

If so, a copy of this evaluation must be given to The Phelps School.

By signing this Application for Admission, the parent/guardian certifies that the information provided is complete and accurate, and further understands and agrees that failure to fully and accurately answer all questions shall be cause to reject the application or cancel enrollment where the student has been admitted prior to the School's learning of the omission(s) and/or inaccuracies.

**PLEASE RETURN THIS
FORM WITH A \$50.00
NON-REFUNDABLE
APPLICATION FEE
(\$100.00 INTERNATIONAL)**

Parent/Guardian's Name (Print)

Dated

Parent/Guardian's Signature

Social Security #: _____ Relationship to Student: _____

