

LINCOLN SCHOOL



SECONDARY

ADMISSION FORM



Please type or use black or blue ink.

APPLICANT INFORMATION

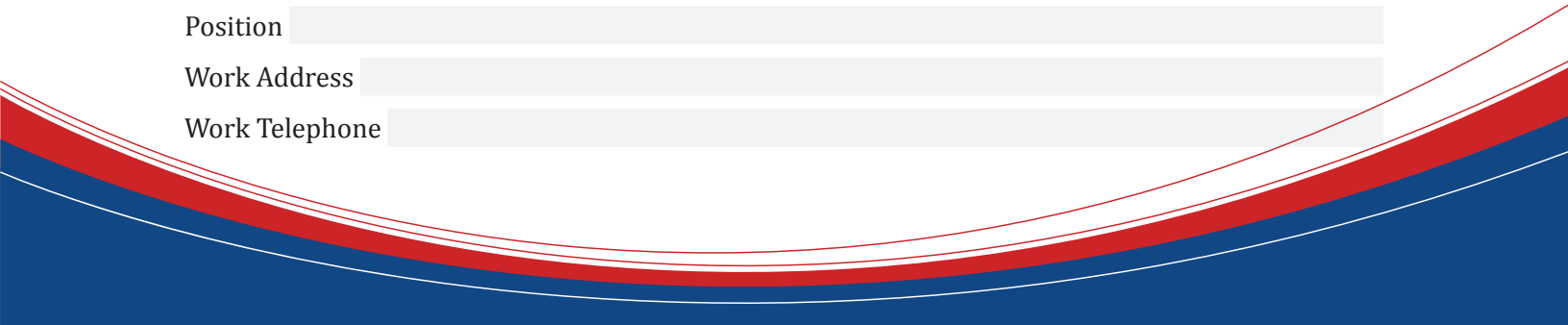
Full Name of Applicant _____ Sex M F
[Type of identification] Passport # _____ Residence ID _____
 Identification Card Number _____
Home Address _____
Telephone _____ Birthdate ____ / ____ / ____
Country of Birth _____ Main Language _____
Is the student fluent in English Yes No Is the student fluent in Spanish Yes No

How did you become interested in Lincoln School? _____

FAMILY INFORMATION

Parent/Gurdian 1

Title Mr. Mrs. Ms. Other _____
Name _____
[Type of identification] Passport # _____ Residence ID _____
 Identification Card Number _____
Citizenship _____
Home Address _____
Home Telephone _____ Cell Phone _____
Email Address _____
Work place _____
Position _____
Work Address _____
Work Telephone _____



Parent/Gurdian 2

Title Mr. Mrs. Ms. Other _____

Name

[Type of identification] Passport # Residence ID

Identification Card Number

Citizenship

Home Address

Home Telephone Cell Phone

Email Address

Work place

Position

Work Address

Work Telephone

Marital Status

Other (Please specify)

Student resides with

In absence of both parents please contact



PARENT QUESTIONNAIRE

Instructions for Parents: Whenever possible, we ask that both parents participate in preparing this form. By responding fully and objectively, you will help us to be better informed about your child and thus better equipped to assess her/her candidacy. Should your son or daughter enroll at Lincoln, the questionnaire will be shared with faculty for the purpose of advising and / or counseling.

Applicant's Name

Applicant's Grade School Year

Name of person(s) completing this form

Relationship to Applicant

Mark with an X

Lincoln School Associate Alumni New Family Teacher's child

SCHOOL BACKGROUND

Previous School 1

Name of Previous School


Location

Level Completed

Dates Attended

Language of Instruction

Reason for Transfer



Who would be the best person to contact at your most recent school for information?

Name

Phone

Position

E-mail

Your comments about the previous school

Has your child ever skipped a grade? Yes No If yes, what grade

Has your child ever repeated a grade? Yes No If yes, what grade

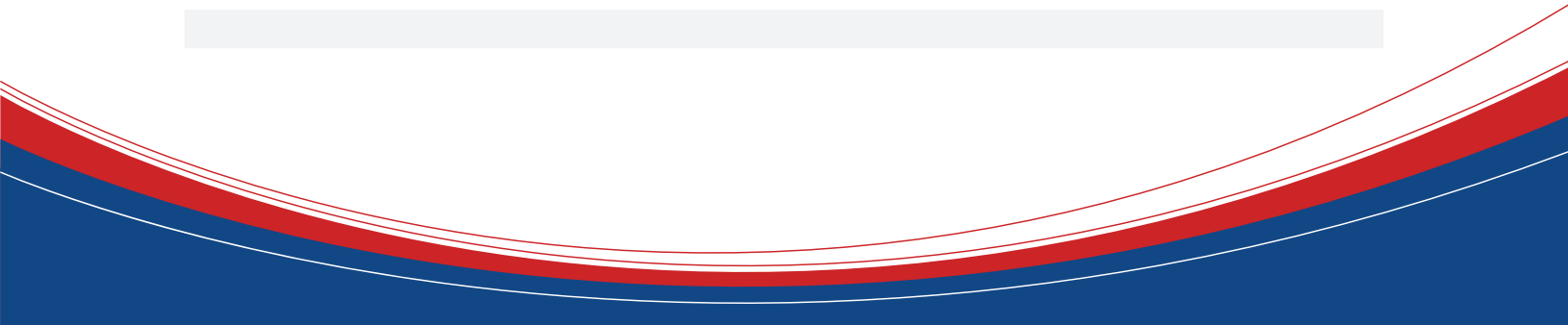
Has your child ever been expelled from any school? Yes No

If yes, please describe briefly the nature of the situation

Has your child participated in a gifted and talented or honors program? Yes No

Has your child required special education services? (*Speech therapy, Attention-Deficit Hyperactivity Disorder (ADHD or AD/HD), learning disabilities, etc.*) Yes No

Grades



Has your child been enrolled in an ESL (*English as a Second Language*) or SSL (*Spanish as a Second Language Program*) program? Yes No

Grades

Has your child received French class? Yes No

Grades

Has your child required extra assistance during the school day? If so, how much and what kind of assistance was provided? Yes No

Describe

Has your child received tutoring outside the school day for areas of difficulty? When and what areas?

Yes No

Describe

Has your child experienced social, emotional, or peer adjustment difficulties? Yes No

Describe

Language	Understands	Speaks	Reads	Writes	Spoken at home	Father/mother
1st <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attitude towards school

Performance or behavior

Please comment on what you consider to be your child's greatest strengths.

Please comment on what you consider to be your child's greatest area of need. What steps have been taken to address this area of concern?

What are your child's special interests?

What is your child's native language?

If other than Spanish, at what age was the second language introduced at home?

To what extent are other languages spoken at home?

In order to assist your child with his/her daily academic assignments, fine arts, or athletic program, describe any condition that might affect your child's participation.



FAMILY COMPOSITION

Name	Age	Relation

Authority and discipline

Describe your son's or daughter's relationship with his or her family

Describe your son's or daughter's relationship with his or her peers

Significant events in life of child (*death, sickness, separation*)

Please feel free to make any additional comments which could provide further insight about your daughter or son.

MEDICAL HISTORY

General medical history (*chronic illnesses, hospitalizations, health, vision or audition problem, etc.*)

Any health problems that require special attention.

Any history of psychological and/ or psychiatric treatment?

Does your son or daughter require medication? Yes No

Describe

Has s/he had any emotional difficulty? Yes No

Describe

TRANSPORTATION SERVICE

Will the student be using the school's transportation service? Yes No

If yes, when will the student be using the service: Morning Afternoon Both



I understand that withholding or misrepresenting information requested in this questionnaire may jeopardize admission or enrollment at Lincoln. My signature below indicates that all the information contained in this questionnaire is correct, complete, and honestly presented.

Parent or Guardian Signature Date / /

Parent or Guardian Signature Date / /

Thank you for your assistance in providing us with this information.



STUDENT QUESTIONNAIRE FOR ADMISSIONS

To be completed by the Student

Name

Date / /

In order to give us an idea of who you are, please answer the following questions thoroughly and in complete sentences.

Describe your previous school.

How long did you attend there?

How did you feel about the school?

How do you feel about moving at Lincoln School?

What subjects do you enjoy?



Lined writing area consisting of 28 horizontal gray lines.

