



Academic Year Application

For School Use Only			
Class:	H2	H3	H5
	F2	F3	F5
Date Received:	_____		
Age at Admission:	_____		
Date of Admission:	_____		

Academic Year _____

Child Information

Child's First Name: _____ Child's Last Name: _____

Date of Birth: _____ Place of Birth: _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Primary Language: _____

Eye Color: _____ Hair Color: _____ Gender: _____

Height: _____ Weight: _____ Race: _____

Identifying Marks: _____ Allergies: _____

Parents Information

Parent's Name: _____ Parent's Name: _____

Home Address: _____ Home Address: _____

if different from above

if different from above

City: _____ Zip: _____ City: _____ Zip: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Occupation & Title: _____ Occupation & Title: _____

Employer's Name: _____ Employer's Name: _____

Business Address: _____ Business Address: _____

City: _____ Zip _____ City: _____ Zip _____

Business Phone: _____ Business Phone: _____

Pager: _____ Pager: _____

Email: _____ Email: _____

please print

please print

Other: _____ Other: _____

Parents: __Married __Separated __Divorced __Deceased __Other

If remarried, stepparents' names: _____

Sibling Information

Sibling's Name: _____ Age: _____ School Attending: _____

Sibling's Name: _____ Age: _____ School Attending: _____

Sibling's Name: _____ Age: _____ School Attending: _____

- In the table below, please indicate in which program you wish to enroll your child. Space is limited so please select at least two options in order of preference.

Academic Year Option	2-Day Program Tues/Thurs	3-Day Program Mon/Wed/Fri	5-Day Program
Half Day (8:30-1:30)			
Full Day (8:30-4:00)			

- If eligible, please check the number of days desired for extended day:

Extended Day Program 2-Day 3-Day 5-Day

- A \$50 non-refundable application fee must accompany this application.

We understand that, should our child be accepted, a non-refundable two weeks tuition deposit for the academic year will be remitted along with a signed copy of the Enrollment Agreement. We have read and understood all policy and tuition information as written in the Three Apples School [General Information](#) and agree to comply.

Parent Signature

Date

Parent Signature

Date

Please return this application form and the \$50 application fee to:

Three Apples School
318 Main Street, Suite 175
Northborough, MA 01532

Please contact us with any questions at:

Olga Holly, Program Director
508-244-2392
olga@threeapplesschool.com

Three Apples School does not discriminate on the basis of race, gender, religion, cultural heritage, political beliefs, marital status, sexual preference, disability or national origin.