

# Orsch

## Enrollment Application

Family Name _____	Date of application ____/____/____		
Address _____			
Mailing Address _____			
Parent(s)/Guardian(s) _____			
Phone number(s) _____			
(Parent name)	(Home)	(Work)	(Cell)
Phone number(s) _____			
(Parent name)	(Home)	(Work)	(Cell)
E-mail _____			
(Name)	(E-mail address)		
E-mail _____			
(Name)	(E-mail address)		
E-mail (other) _____			
(Name)	(E-mail address)		

Student's Name _____				
(First)	(Middle)	(Last)	(Nickname or preferred name)	
Student's Birth Date ____/____/____	Gender (circle)	male	female	
Student E-mail _____				
Siblings/ages of siblings _____				
_____				
Grade as of May 2014 _____				
List all extracurricular activities (include music lessons/sports/involvement in the arts, etc)				
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_____				
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# Orsch

Why do you want your child to attend Orsch?

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Are there any elements of your child's current educational experience that he/she does not enjoy?

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Tell us about your child's strengths and talents:

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