



Application for Admission

Please return the completed application form with a copy of your child's birth certificate and the following enclosed forms: Parental Consent for educational research studies/photo release, Authorization for the Release of Information, and Potential Parental Support of the Falk School Program. A nonrefundable \$40 processing fee must accompany each application. Please make checks payable to Falk School, University of Pittsburgh.

Applying for Grade _____ For School Year: 20____-20____ Date Received _____

Applicant Information

Last Name _____ First _____ Middle _____ Preferred Name _____

Address Where Child Resides _____ City _____ State _____ Zip _____

Home phone _____ Female Male (check one/required)

Ethnicity (check one/optional): Asian or Pacific Islander American Indian or Native Alaskan Black/African American
 Multiracial Hispanic White

Date of birth _____ Place of birth _____

Family information

Parent/Guardian 1 Name (Dr./Mr./Mrs./Ms.) _____

Home Address _____ Home Phone _____

Employer/Occupation _____ Work Phone _____ E-mail _____

If Employed by the University of Pittsburgh Check One Faculty Staff

Parent/Guardian 2 Name (Dr./Mr./Mrs./Ms.) _____

Home Address _____ Home Phone _____

Employer/Occupation _____ Work Phone _____ E-mail _____

If Employed by the University of Pittsburgh Check One Faculty Staff

Siblings

In which school district do you reside?

School, preschools, and day care facilities attended during the past three years:

Name	Address	Grade(s)	Phone
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Name	Address	Grade(s)	Phone
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Why are you applying for admission to Falk School?

How many years do you expect your child to attend Falk School? _____

References
