## Devereux School and Devereux@Waring 2024/2025 Application for Admission

Please note: A non-refundable registration fee of \$100.00 must accompany this form.

Date:		
Child's Full Name:	Birthdate:	
Nickname:	_ Gender:	
Current School:		
Programs interested in (please tick all th	at apply)	
Nursery Program: Kindergarten Program: Grade School Program (grades 1-3): Devereux@Waring (grades 4-5):		
Parental Information		
#1 Parent/Guardian Name:		
Address:		
Email Address:		
Home/Cell Phone:		
Employer:		
Employer Address:		
Business Telephone:		
#2 Parent/Guardian Name:		
Address:		
Email Address:		
Home/Cell Phone:		
Employer:		
Employer Address:		
Business Telephone:		

Sibling Information	
Name:	Birthdate:
School:	
Name:	Birthdate:
School:	
Name:	Birthdate:
School:	
	er the following questions you will enable us to learn ecific desires regarding their educational growth.
How would you best describe your o	child?
What types of things are most impor	tant to you regarding your child's schooling?
What are your goals for your child's	education?
Desired weekly schedule if not five fu	ull Days ( <b>Nursery classroom applicants only</b> ):