

# The Bedford School

# Application for Admission

5665 Milam Road / Fairburn, GA 30213

Phone:(770)774-8001 / FAX:(770)774-8005

Date of Application: \_\_\_\_\_ (Please attach recent photo.)

## Student Information:

Student's Full Name \_\_\_\_\_, Preferred Name \_\_\_\_\_  
Last First Middle

Home Phone: \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_  
City State Zip

Applying for admissions into the \_\_\_\_\_ grade at The Bedford School. My child has completed or is in the \_\_\_\_\_ grade at \_\_\_\_\_ school (give school name, city & state) which is a

Public or Private School (circle one).

## Parent/Guardian Information:

Parent/Guardian Name(s):  Mr. & Mrs.  Ms.  Mr.  Dr.  Other \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Marital Status: \_\_\_\_\_ If divorced, who has custody? \_\_\_\_\_

Does The Bedford School have permission to provide records and reports to the parent not living in the home?  Yes  No

Applicant resides with:  Parents  Mother  Father  Other \_\_\_\_\_

Person responsible for fees:  Parents  Mother  Father  Other \_\_\_\_\_

Send official correspondence to:  Parents  Mother  Father  Other \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(if different from above)

Phone: Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

E-mail \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(if different from above)

Phone: Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

E-mail \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Give name, age, school, and grade of other children in the family:

Name Age School Grade

Name Age School Grade

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you find out about The Bedford School?  Professional \_\_\_\_\_  Parents \_\_\_\_\_  Website \_\_\_\_\_  
 other school \_\_\_\_\_  Ad \_\_\_\_\_

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**Background Information:**

Who tested your child for a learning disability? \_\_\_\_\_ When? \_\_\_\_\_

Does your child currently have an Individualized Education Plan (IEP)? Yes No If yes, when does it expire? \_\_\_\_\_

What is your child's primary diagnosis and/or eligibility for Special Education services? \_\_\_\_\_

Has your child repeated any grades? Yes No If yes, please specify: \_\_\_\_\_

Child's Pediatrician: \_\_\_\_\_ Was your child adopted? \_\_\_\_\_ If yes, at what age? \_\_\_\_\_

Describe any major illness, injury, and/or health issues that your child has had and at what age: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is your child presently taking medication? \_\_\_\_\_ If yes, describe: \_\_\_\_\_

\_\_\_\_\_

Does your child have adaptive or medical needs (i.e. glasses, hearing aids, wheelchair, etc)? \_\_\_\_\_

Other schools attended by the applicant: school \_\_\_\_\_ grade \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child ever been expelled or suspended? \_\_\_\_\_ If yes, explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has your child been involved with law enforcement or juvenile authorities? \_\_\_\_\_ If yes, explain \_\_\_\_\_

\_\_\_\_\_

What do you consider the child's main weaknesses or limitations? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What do you consider the child's chief assets, abilities and interests? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

***I certify that all of the information contained in this application is complete and accurate to the best of my knowledge***

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
date