

THE PREPARATORY SCHOOL OF THE DISTRICT OF COLUMBIA INC.

4501 Sixteen Street, NW
Washington, DC 20011
(202) 722-5080 Fax (202) 722-5060
\$75 Registration Fee (Non-Refundable)

NEW ENROLLMENT APPLICATION

**** Please Print All Information****

Student Name:		Date: / /		
DOB:	SSN:	Parent Email Address:		
Home Address:				
City:	State:	Zip Code:		
Previous School:				
Principal's Name:		Phone:	Grade to be enrolled:	
PARENT OR GUARDIAN INFORMATION				
Mother / Guardian's Name:				
Employment & Address:				
Work #:	Home#:	Cell#:		
Father/ Guardian's Name:				
Employment & Address:				
Work#:	Home#:	Cell#:		
EMERGENCY CONTACT		RELATIONSHIP	PHONE NUMBER	ADDRESS
1.				
2.				
3.				
ADDITIONAL INFORMATION				
Does your child have a current IEP? Yes _____ No _____ If yes, attach copy				
PLEASE SIGN				
Parent Signature:			Date:	
Parent Signature:			Date:	
DO NOT WRITE BELOW THIS LINE:				
Interviewer:	Disposition Accepted/Rejected:			
Comments:				

