## APPLICATION FOR ADMISSION



## Manhattan Academy 1740 Manhattan Beach Blvd. Manhattan Beach, CA 90266 (310) 374-1804

Pay your Application Fee online here!

Acceptance notification date:

| Child's name:   | Birth date:  |
|---|--|
| Home address:   |  |
| City/State/Zipcode:   |  |
| Home phone number:  | E-mail address:  |
| Parent's name:  | Occupation:  |
| Employer's name:  | Bus. phone number:   |
| Parent's name:  | Occupation:  |
| Employer's name:  | Bus. phone number:   |
| Does child live with both parents?  | If not, who is primary caregiver:  |
| Date of desired admission:  | Program: Half Full Extended  |
| Previous school experience:   |  |
| Names & ages of siblings:   |  |
| I was referred to Manhattan Academy<br>Special conditions of which the school                           | by:should be aware (diet, allergies, physical challenges, etc):  |
| Please attach:  • A \$300 non-refundable application f  You will be notified of space availability with | Tee • A recent photo of your child in ten business days. At that time, appointments will be made with the school   |
| for interviews with the child and parents, as w   | ell as admission placement testing, if appropriate. Parents will be expected to arent Handbook upon approval for admission. Application is valid for one (1) |
| Signature:  | Date:  |
| For office use only: Child interview/assessmen  | nt date:Parent interview date:   |

\_ Actual start date:

Classroom assignment: