

APPLICATION FOR ADMISSION

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

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 (circle one): Half Full Extended

Previous school experience: _____

Names & ages of siblings: _____

I was referred to Manhattan Academy by: _____

Special conditions of which the school should be aware (diet, allergies, physical challenges, etc):

Please attach:

- A \$300 non-refundable application fee
- A recent photo of your child

You will be notified of space availability within ten business days. At that time, appointments will be made with the school for interviews with the child and parents, as well as admission placement testing, if appropriate. Parents will be expected to sign a Financial Agreement and copy of the Parent Handbook upon approval for admission. Application is valid for one (1) year after the requested start date.

Signature: _____ Date: _____

For office use only: Child interview/assessment date: _____ Parent interview date: _____
Acceptance notification date: _____ Actual start date: _____ Classroom assignment: _____