



PIERREPONT SCHOOL
Westport, CT

APPLICATION FOR ADMISSION

Child's full name: _____
Home address: _____
Gender: _____ Birth date: _____ Present grade: _____
Name and address of current school: _____
Other schools attended: _____
Is your child bilingual? _____ If yes, what languages? _____
Describe any sight, hearing, perceptual problems or any other disabilities that might affect your child's performance on our admissions tests: _____
Has your child taken an I.Q. test? _____ When? _____ Where? _____
What test? _____

Parent / Guardian Information

Parent name: _____ Parent name: _____
Home address: _____ Home address: _____
Home phone: _____ Home phone: _____
Profession: _____ Profession: _____
Business Address: _____ Business Address: _____
Child resides with: _____ Relationship to child: _____

DIVORCED OR SEPARATED PARENTS PLEASE NOTE: Each parent listed receives reports, general school mailings, and tuition bills unless the school is notified otherwise, IN WRITING.

Name of other adult living with child: _____ Relationship: _____

Siblings and/or step-siblings

Name: _____ Age: _____ School: _____
Name: _____ Age: _____ School: _____
Name: _____ Age: _____ School: _____

How did you hear about Pierrepont School? _____

Date you submitted this application: _____

* Please attach a story about your child that moves you (heartwarming and/or humorous).

For office use only:

CA: _____ In the Fall of 20_____

Appt date/time: _____

Visit: _____