



Enrollment Application

Child's Name _____
Last First Middle Nickname

Street Address _____

City, State, Zip _____

Telephone _____ Application for Grade _____

Sex: M F _____ Application for School Year _____

Date of Birth _____ Age on 9/1/08 _____
month/day/year

Mother's information

Full name _____

Employer _____

Address _____

Business phone _____

Cell phone _____

Email address _____

Father's information

Full name _____

Employer _____

Address _____

Business phone _____

Cell phone _____

Email address _____

Please complete and return this form accompanied by a non-refundable \$100.00 application fee.

Siblings:

Name _____	Birthdate _____ month/day/year	Sex: M F
Name _____	Birthdate _____ month/day/year	Sex: M F
Name _____	Birthdate _____ month/day/year	Sex: M F

Applicant lives with: _____
Name Relationship

Parents are: Married Divorced Separated Single

Current and previous schools attended by applicant:

School _____	Year _____	Grade _____	Teacher _____
School _____	Year _____	Grade _____	Teacher _____
School _____	Year _____	Grade _____	Teacher _____

How did you learn about Bowman? _____

What questions do you have? _____

Have you had concerns in any other educational settings? _____

What are your child's strengths and weaknesses?

<i>Strengths</i>	<i>Weaknesses</i>
_____	_____
_____	_____
_____	_____
_____	_____

What are your child's interests? _____

