



# The Wilson School

400 DeMun Avenue, Clayton, Missouri 63105  
(314) 725-4999 / (314) 725-5242 fax  
www.wilsonschoool.com

## APPLICATION FOR ADMISSION

Please submit an applicant or family photo.

For Office Use Only

ACQ \_\_\_\_\_

CALL \_\_\_\_\_

HH \_\_\_\_\_

**APPLICANT INFORMATION** Grade applying for \_\_\_\_\_ Beginning in Fall \_\_\_\_\_

Applicant's full name \_\_\_\_\_  
LAST FIRST MIDDLE USUALLY CALLED

Home address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Home phone \_\_\_\_\_

Date & place of birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Current school \_\_\_\_\_ Date of enrollment \_\_\_\_\_

School address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

School phone \_\_\_\_\_ Name of Principal or Head \_\_\_\_\_

Current schedule M T W Th F Time \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

Other schools previously attended:

NAME ADDRESS TELEPHONE DATES ATTENDED

NAME ADDRESS TELEPHONE DATES ATTENDED

## FAMILY INFORMATION

Parent:

\_\_\_\_\_ Home phone \_\_\_\_\_  
(MR., MRS., MS., DR., OTHER) FIRST LAST

Home address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
(if different than above)

Occupation/Position \_\_\_\_\_ Email \_\_\_\_\_

Business name \_\_\_\_\_ Business phone \_\_\_\_\_

Business address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Parent:

\_\_\_\_\_ Home phone \_\_\_\_\_  
(MR., MRS., MS., DR., OTHER) FIRST LAST

Home address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
(if different than above)

Occupation/Position \_\_\_\_\_ Email \_\_\_\_\_

Business name \_\_\_\_\_ Business phone \_\_\_\_\_

Business address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Remarried: parent/guardian \_\_\_\_\_ step-parent's name \_\_\_\_\_

parent/guardian \_\_\_\_\_ step-parent's name \_\_\_\_\_

Please list the parent(s), guardian(s) or other(s) with whom the applicant lives, and the relationship to the applicant:

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Other children in the family:

NAME

DOB

PRESENT SCHOOL

GRADE

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Is a language other than English spoken in your home? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what language? \_\_\_\_\_ Is the applicant bilingual? \_\_\_\_\_

Please provide a few phrases or words you feel describe your child.

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Please comment on your child's school experience and setting.

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What activities do you share as a family?

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What do you wish your child to gain at The Wilson School?

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If there are circumstances which have affected or might affect your child's school performance, please explain below. For example: skipping or repeating a grade, specific learning style, frequent changes of school, loss of a significant person through death or divorce, serious illness in the family, reconfiguration of the family unit, etc.

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Please provide any further information which will help us understand your child and meet his or her needs. **Include information regarding test results if applicable.**

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Name and address of parents/ guardians to whom school reports should be sent:

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Name and address to whom bills should be sent:

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Has the applicant had friends or relatives who attended Wilson? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list below:

NAME

RELATIONSHIP

YEARS ATTENDED

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Has the applicant applied to Wilson before? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, when? \_\_\_\_\_

## TUITION ASSISTANCE

Would you like to be considered for Wilson's Tuition Assistance (TA) Program: Yes \_\_\_\_\_ No \_\_\_\_\_

If you have checked "yes," please complete the School and Student Service for Financial Aid (SSS) *Parents Financial Statement (PFS) Form* which can be found online at [ww.sss.nais.org](http://ww.sss.nais.org) or you may request a hard copy from Wilson's Office of Admission. All parents applying for TA must also submit copies of their most recent W-2's and 1040's to Wilson. Please refer to the steps outlined in Wilson's *Admission and Tuition Assistance Policies & Procedures Brochure* for more detailed information regarding Wilson's TA Program.

### APPLICATION FEE AND DEADLINE

**Application Fee:** Please enclose a **\$75** non-refundable application fee, payable to The Wilson School.  
**Application Deadline:** It is highly recommended that applications be submitted by **January 31<sup>st</sup>** especially for children applying to PK, JK and SK. Applications will continue to be accepted beyond January 31<sup>st</sup> for grade levels in which there are openings.

### AGE & ELIGIBILITY FOR WILSON'S EARLY CHILDHOOD PROGRAM

Although exceptions may occur, June 30<sup>th</sup> is the birthday cut-off for the early childhood program and beyond, first through sixth grades.

- Pre-Kindergarten (PK) Applicants must turn three by June 30<sup>th</sup> prior their fall enrollment.
- Junior Kindergarten (JK) Applicants must turn four by June 30<sup>th</sup> prior to their fall enrollment.
- Senior Kindergarten (SK) Applicants must turn five by June 30<sup>th</sup> prior to their fall enrollment.

### Please submit an applicant or family photo.

The Wilson School is committed to diversity. It is a non-sectarian institution and does not discriminate on the basis of race, religion, color, national or ethnic origin, sexual orientation, family style, or disability in the administration of its educational policies, admission policies, financial aid programs, athletic or other administered programs or employment practices.

As part of this application to The Wilson School, the applicant 's parents or guardians agree to the following:

1. This application and all other relevant information as outlined in the Admission Procedure will be considered by the Admission Committee if and when such material is complete. The undersigned grants The Wilson School permission to request and receive confidential information regarding the applicant and to retain such material in the applicant's file.
2. The information furnished on this *Application for Admission* form, together with all information and materials of any kind received by the Admission Office from any source, or prepared by anyone at its request, shall be completely confidential and shall not be disclosed to anyone, including the candidate and his or her family or guardian, except that the Director of Admission may, for official purposes at his or her discretion, disclose any part or all thereof to such person or persons as he or she deems advisable.

#### SIGNATURES

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

Please feel free to contact Wilson's Director of Admission at [lhartung@wilsonschool.com](mailto:lhartung@wilsonschool.com)



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## REQUEST FOR RELEASE OF STUDENT RECORDS AND TEACHER EVALUATION

### **Instructions for Parent(s) of the Applicant:**

Please complete and return this form with the *Application for Admission* to The Wilson School Admission Office. A copy of this form will be forwarded to your child's current school.

*We, the parents/guardians, authorize the release of all education records of the applicant named below to The Wilson School, permission for my child's teacher to complete the ISSL (Independent Schools of St. Louis) Common Teacher Referral Form, and for my child(ren) to be observed (for Pre-Kindergarten applicants only) by a Wilson teacher or administrator at his/her current preschool.*

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Applicant's name

Grade applying for

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Signature of parent or guardian

Date

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Name of School

Address

City, State, Zip Code

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Name of Principal

Phone w/Area Code

Fax

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School E-mail Address

### **Instructions for School Director or Registrar:**

The child whose name appears on this form has applied for admission to The Wilson School. So that we may be well informed of the applicant's qualifications, please send the following:

1. Copies of progress reports and student records to date.
2. All standardized test results if applicable.
3. Any psychological or specialized testing results.
4. The *\*ISSL Common Teacher Referral* form completed by this applicant's teacher(s).
5. Health records.
6. Any other information relevant to the child's performance in your program.

**Note to the individual(s) completing this form:** The *ISSL Common Teacher Referral Form* is required for admission to all ISSL schools. Because additional copies of this form may be requested by one or more ISSL schools, please retain the original and send a copy to Wilson. We are aware of the time and thought a request of this sort requires and sincerely appreciate your assistance. Thank you.