

Application for Admission



P.O. Box 1006
508 South Main Street
Berlin, Maryland 21811
410-641-3575
Fax 410-641-3586

Worcester Preparatory School Application for Admission

FOR OFFICE USE ONLY
RECEIVED _____
AMOUNT _____
BY _____

Name of applicant _____
LAST FIRST MIDDLE (PREFERRED NAME)

Home address _____
STREET / P.O. BOX

CITY STATE / COUNTRY ZIP AREA CODE AND TELEPHONE

Applicant to enter Grade _____ to begin enrollment in _____
MONTH YEAR

For a new family (with no currently enrolled children), please indicate the date of your Admission tour/interview: _____

Personal Data

Date of birth _____ Male Female Place of birth _____ Country of citizenship _____
MONTH DAY YEAR COUNTRY NAME COUNTRY NAME

Social Security Number _____

Applicant's special talents and/or interests (*Drama, Sports, Art, Yearbook, Writing, Chorus, Church or Community Groups, etc.*):

Family Data

Have you previously applied for admission of this applicant to Worcester? Yes No To enter what grade? _____

Has this applicant previously attended Worcester? Yes No If so, when? _____

Please list other children in your family: _____
Name /year of birth/ present school _____

Did other children (siblings) in your family attend Worcester? Yes No Name(s) _____

Is either parent a Worcester alumnus? Yes No If so, please give name(s) and graduation year(s) _____

Father's name (Dr./Mr.) _____

Home address _____
STREET / P.O. BOX

CITY STATE / COUNTRY ZIP AREA CODE AND TELEPHONE FAX #

Occupation or position _____ email _____

Business name and address _____

CITY STATE / COUNTRY ZIP AREA CODE AND TELEPHONE

Mother's name (Dr./Mrs./Ms.) _____

Home address _____
STREET / P.O. BOX

CITY STATE / COUNTRY ZIP AREA CODE AND TELEPHONE FAX #

Occupation or position _____ email _____

Business name and address _____

CITY STATE / COUNTRY ZIP AREA CODE AND TELEPHONE

Contact Data

Please indicate which address to use for all correspondence concerning this application:

Name of person(s) assuming financial responsibility for tuition, fees, books, etc. (give address if not noted on this application): _____

Are parents separated? Yes No Divorced? Yes No If yes, who has legal custody? _____

With whom does the applicant live? Both Parents Mother Father Other (Please be specific) _____

Guidance Data

List each school attended for the past three years. If more space is needed, please use remarks section on the back:

School _____ School _____

Address _____ Address _____

CITY STATE ZIP CITY STATE ZIP

Principal's name _____ Principal's name _____

Dates of attendance _____ Grade finished or in progress _____ Dates of attendance _____ Grade finished or in progress _____

Has applicant skipped a grade? Yes No Has applicant repeated a grade? Yes No Which grade? _____

What special strengths has the student shown in academic work? _____

Any weaknesses? _____

Has the applicant ever had a diagnosed learning disability or undergone an educational or psychological evaluation or treatment? Yes No If yes, please describe and request that a copy of appropriate reports be sent to Worcester Preparatory School.

Describe any medical conditions, allergies, physical limitations or medical treatment, etc. that affect the daily routine of the applicant and/or may interfere with normal, daily classroom activities, interaction with other children, physical education classes, or require faculty intervention: _____

Has the applicant ever received severe disciplinary censure at school or in the community? Yes No

School suspension? Yes No Asked to withdraw by school? Yes No Expelled? Yes No

Please share with us information about discipline matters: _____

Financial Data

Bank Reference: _____
NAME ADDRESS

NAME ADDRESS

Mother's signature Date

Father's signature Date

PLEASE ATTACH
A RECENT
PHOTOGRAPH

\$50.00 Application Fee (not applicable to tuition) must accompany this form. There must be a separate application for each child. Upon acceptance for admission a deposit will be required.

Worcester Preparatory School is committed to a policy of nondiscriminatory practices relating to race, color, sex, creed, or national origin in regard to the consideration and acceptance of students for admission.

Remarks from Family

Please use this area if additional space is needed or if there is any additional information that would be helpful in our consideration of this application.