

BENCHMARK SCHOOL
2107 N. Providence Road
Media, PA 19063-1898

APPLICATION FOR ADMISSION TO BENCHMARK SCHOOL

(Benchmark School does not discriminate, contrary to law, on the basis of race, color, or ethnic or national origin or any other category protected by law in the administration of its admissions/dismissal policies.)

(Please check one)

EARLY ADMISSION APPLICATION _____

STANDARD ADMISSION APPLICATION _____

This application is intended to provide information that will be helpful to the staff in getting to know prospective Benchmark students. Please return the completed application to the main office along with a \$125 application fee to cover the initial screening, family interview, and processing.

Applying for Admission September, _____(Yr). Today's Date: _____

CANDIDATE'S NAME: _____

Home Address: _____
Street City State ZIP

Telephone: _____ Place of Birth: _____

Present Age: _____ yrs. _____ mos. Date of Birth: _____

Referred to Benchmark by: _____

Are you applying to other schools? _____ (We recommend that you do so since we cannot accept all applicants.)

Other schools being considered this year: _____

1. PARENT'S/STEPARENT'S/GUARDIAN'S NAME: _____

Age: _____ Date of Birth: _____ Place of Birth: _____ Citizenship: _____

Educational Background:

High School: _____ Number of Years Completed: _____

College: _____ Degree: _____ Year: _____

Graduate Study: _____ Degree: _____ Year: _____

Occupation: _____ Employer's Company Name: _____ Telephone: _____

Employer's Address: _____
Street City State ZIP

2. PARENT'S/STEPPARENT'S/GUARDIAN'S NAME: _____

Age: _____ Date of Birth: _____ Place of Birth: _____ Citizenship: _____

Educational Background

High School: _____ Number of Years Completed: _____

College: _____ Degree: _____ Year: _____

Graduate Study: _____ Degree: _____ Year: _____

Occupation: _____ Employer's Company Name: _____ Telephone: _____

Employer's Address: _____
Street City State ZIP

Marital Status of Parents: _____
(Married, divorced, separated, etc.)

NAME:

BIRTHDATE:

Other Members of the Household:

Children (Oldest first): _____

Maternal & Paternal Grandparents (Please list names and addresses)

NAME:

ADDRESS:

List any adults in addition to parents who live in the family home with the Benchmark candidate.

NAME:

RELATIONSHIP:

SCHOOL HISTORY:

Present School: _____ Grade: ____ Date Enrolled: _____

Address of Present School: _____

Other Schools: _____ Date Enrolled: _____
(Most recent first) _____ Date Enrolled: _____
_____ Date Enrolled: _____

School District of Residence: _____

Age at entrance to kindergarten: _____ Grades skipped: _____ Grades repeated: _____

Has school attendance been regular? (State cause and amount if irregular) _____

Student's reaction to his present difficulty with reading or math: _____

In what activities, in or out of school, has he/she been most successful? _____

How much does he/she read voluntarily: _____

What does he/she read? _____

Student's Present instructional math level: _____ Describe any strengths/concerns: _____

Child's Previous Involvement with Professionals:

BY WHOM:

DATE:

NATURE OF TESTS:

Testing: _____

Remedial Instruction: _____

Counseling: _____

Briefly, discuss the history of your child's difficulty in school:

Why would you like your child to attend Benchmark School? _____

If your child is accepted at Benchmark, what academic expectations do you have for your child? _____

HEALTH HISTORY:

Birth Weight: ___ lbs. ___ oz. Age of mother at birth of child: ___ Conditions at birth: _____

Health in infancy: _____

Age of sitting up: _____ Age of crawling: _____ Age of walking: _____ Age when child began talking: _____

Was this child adopted? _____ If so, at what age? _____ If yes, does the child know? _____

Diseases, illnesses, and chronic ailments (give details including age and severity:)

Accidents: _____

Operations: _____

Current medications: _____

General health now: _____ Last medical check: _____

Pediatrician: _____

Address: _____
Street City State ZIP

Last hearing check: _____ Are glasses worn? _____

Eye Specialist: _____ Last check: _____

Was visual training ever taken? _____

