

# Student Application

## School Year 2022 - 2023

Please fill out all of the following:

|   |              |
|---|--------------|
| STUDENT NAME:                             | DATE:        |
| ADDRESS:                                  | HOME PHONE:  |
| CITY: WASHINGTON      STATE: DC      ZIP: | WORK PHONE:  |
| DATE OF BIRTH:                            | OTHER PHONE: |

| Child(ren)'s Name | Date of Birth | Male or Female | Will your child(ren) be enrolling in our school?         |
|-------------------|---------------|----------------|--|
|                   |               |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                   |               |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                   |               |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                   |               |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Prospective students are considered without regard for race, ethnicity, gender, national origin, religion, marital status, personal appearance, sexual orientation, gender identity or expression, familial status, family responsibilities, political affiliation, disability, source of income, or any other basis prohibited by law.