

# Student Application

## School Year 2025- 2026

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.