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 admissions@atrium.org
 www.atrium.org

Application for Admission

Applying for grade ____ for the 20__ school year

 Last Name First Name Middle Preferred Name

 Date of Birth Age as of Sep.1 Gender (M/F)

Family Information Please indicate partner status: single parent __ married __ separated __ divorced __

Child's Primary Residence is with: _____

_____ Name of Parent	_____ Name of Parent
_____ Spouse/Partner Name (if different than other parent)	_____ Spouse/Partner Name (if different than other parent)
_____ Home Address	_____ Home Address
_____ City/Town State Zip	_____ City/Town State Zip
_____ Home Phone	_____ Home Phone
_____ Occupation Employer	_____ Occupation Employer
_____ Work Phone	_____ Work Phone
_____ Preferred E-Mail (Please Print Clearly)	_____ Preferred E-Mail (Please Print Clearly)

Siblings

 Name Age Grade School

 Name Age Grade School

Applicant's Current School or Program

Name of School	Applicant's Current Grade	
School Address	City/Town	Phone
Teacher's Name	Teacher's E-mail	

Other Schools Attended:

Name _____ Dates _____ Phone _____

Name _____ Dates _____ Phone _____

Name _____ Dates _____ Phone _____

How did you hear about the Atrium?

Have you attended any Atrium events?

The following is OPTIONAL. This information is requested for statistical purposes only.

- African American, Black Latino(a), Hispanic Other:
 Asian or Pacific Islander Native American, Alaskan Caucasian, White
 Bi/Multi-racial

Parents Countries of Origin: _____

Child's Country of Origin: _____

Languages Spoken in the Home: _____

- Gay/Lesbian Parent(s) Child Adopted Other (please specify)

Please Answer the Following Questions:

Please tell us in a few sentences about your child:

Tell us about your child's present school experiences(s):

What are your goals for your child's elementary education?

What are you looking for in a school? Why do you think the Atrium School would be a good choice for your child and family?

Please describe any factors that have affected your child's school experience or performance (e.g. illness, learning differences, separation or loss of a significant member of the family, moves or school changes, skipping or repeating a grade). Please attach any educational testing results or school Individual Education Plans (IEP) to this application.

Educational Testing Policy

The Atrium School requests that you submit any copies of educational testing along with this application. Teachers and the admission office will use educational testing during the screening process to determine if the Atrium can serve the needs of your child. Please see the Admission Process and Guidelines for further details.

Financial Aid

If you would like to apply for tuition assistance, please check the box below and the Business Office will send you a *Financial Aid Guidelines and Application* packet. You may also call the school and request an *Application*. Financial aid is limited and the Atrium School must receive a completed financial aid application **by January 30th**.

Send Financial Aid Packet(s) to:

Please note that if parents are divorced or separated, both the custodial parents and the non-custodial parent must complete the financial aid application.

Name	Name
Address (If different than front page)	Address (If different than front page)
City/Town State Zip	City/Town State Zip

Atrium School Application Fees and Deadlines

- **Please enclose a nonrefundable application fee of \$50.00 with this Application**
- **Applications must be received by January 15th to be considered in the first round of admissions. Admission decisions and financial aid awards are mailed on March 10th.**

APPLICATION CHECKLIST:

- | | |
|--|---|
| <input type="checkbox"/> Atrium School Application | <input type="checkbox"/> Parent Interview |
| <input type="checkbox"/> AISNE Student Evaluation Form | <input type="checkbox"/> Current School Records |
| <input type="checkbox"/> Application Fee of \$50.00 | |

I certify that all of the above information is correct. I further authorize the Atrium School to request and receive confidential information regarding the applicant from current and previous schools as necessary and to retain such material in the applicant's file. The Atrium School shall keep this information strictly confidential and will use such information for its official purposes.

Signature: _____ **Date:** _____

The Atrium School is committed to diversity. It is nonsectarian 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 program, athletic or other school-administered programs, or employment practices.