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Bloomfield Hills, MI. 48304
Phone: 248.646.6093
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Student's Full Name _____ **Today's Date** _____

Nickname (if any) _____ Birth Date _____ Age _____ Grade _____

Address _____

City/state/zip _____

Referred by _____

Parents married _____ Divorced _____ (if checked, please answer the following)

Child resides with mother _____ father _____ other relative _____

Child is Biological _____ or Adopted _____ at age _____

Mother's Name _____ **Home Phone** _____ **Work Phone** _____

Address _____

City/state/zip _____

Education _____ Occupation _____

Email _____

Father's Name _____ **Home Phone** _____ **Work Phone** _____

Address _____

City/state/zip _____

Education _____ Occupation _____

Email _____

Student's Current or Most Recent School _____

School Counselor _____ Phone _____

Siblings' Ages and Current Schools _____

Therapist's Name (if applicable) _____ Phone _____

Student's Special Interests or Activities _____

Reason for Seeking a School/Program _____

Private School or Program Contacted or to Which You Have Applied _____

Family's Religious Preference (Optional) _____

Desired Admission Date: Immediate _____ Fall _____ Winter _____ Spring _____ Summer _____

Parent Signature (if under 18) _____

Student Signature if age 18+ _____