

# The Bedford School

5665 Milam Road / Fairburn, GA 30213  
Phone:(770)774-8001 / FAX:(770)774-8005

## Application for Admission

Date Applied: \_\_\_\_\_

### Student Information:

Student's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_  
Last First Middle

Home Phone: \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address

County: \_\_\_\_\_  
City State Zip

Applying for admissions into the \_\_\_\_\_ grade at The Bedford School. My child has currently completed the \_\_\_\_\_ grade at \_\_\_\_\_ school (give school name, address & phone).

### Parent/Guardian Information:

Parent/Guardian Name(s):  Mr.& Mrs.  Mrs.  Mr.  Dr.  Other \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Marital Status: \_\_\_\_\_ If divorced, who has custody? \_\_\_\_\_

Does The Bedford School have permission to provide records and reports to the parent not living in the home? ? Yes? No

Applicant resides with:  Parents  Mother  Father  Other \_\_\_\_\_

Person responsible for fees:  Parents  Mother  Father  Other \_\_\_\_\_

Send official correspondence To:  Parents  Mother  Father  Other \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(if different from above)

Phone: Home \_\_\_\_\_

Work \_\_\_\_\_

Other \_\_\_\_\_

E-mail \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(if different from above)

Phone: Home \_\_\_\_\_

Work \_\_\_\_\_

Other \_\_\_\_\_

E-mail \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Give name, age, school, and grade of other children in the family:

Name	Age	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Background Information:**

Was your child adopted? \_\_\_\_\_ If yes, at what age? \_\_\_\_\_ Child's Pediatrician: \_\_\_\_\_

Who tested your child for a learning disability? \_\_\_\_\_ When? \_\_\_\_\_

Other schools attended by the applicant: school                      grade

_____	_____
_____	_____
_____	_____
_____	_____

Has your child been expelled or suspended? \_\_\_\_\_ If yes, explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your child been involved with law enforcement or juvenile authorities? \_\_\_\_\_ If yes, explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe any major illness, injury, and/or health issues that your child has had and at what age:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your child presently taking medication? \_\_\_\_\_ If yes, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you consider the child's chief assets, abilities and interests? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you consider the child's main weaknesses or limitations? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why do you desire admission to The Bedford School for your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***I certify that all of the information contained in this application is complete and accurate to the best of my knowledge***

\_\_\_\_\_ date

Parent/Guardian signature