



# APPLICATION FOR ADMISSION

DUE JANUARY 15, 2012

Kent Admissions Office  
P.O. Box 2006  
Kent, Connecticut 06757

Telephone: 860.927.6111  
Admissions: 800.538.KENT (5368)  
Fax: 860.927.6109

E-mail: admissions@kent-school.edu  
www.kent-school.edu

## PARENT FORM

### STUDENT INFORMATION (PRINT OR TYPE)

Name of Applicant \_\_\_\_\_  
FIRST NAME MIDDLE NAME FAMILY NAME PREFERRED NAME OR NICKNAME

Mailing Address \_\_\_\_\_  
STREET CITY STATE/PROVINCE  
\_\_\_\_\_  
COUNTRY ZIP/POSTAL CODE

Male  Female Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_ Citizen of \_\_\_\_\_  
MONTH/DAY/YEAR

Social Security Number \_\_\_\_\_ Home Tel. \_\_\_\_\_  
REQUIRED FOR U.S. CITIZENS (INCLUDE COUNTRY, CITY, AREA CODE)

Applicant's E-mail Address \_\_\_\_\_

Proposed Entrance \_\_\_\_\_ Current grade \_\_\_\_\_ Applying for grade \_\_\_\_\_  Boarding  Day  
MONTH YEAR

Optional information:  Native American or Alaskan Native  Asian or Pacific Islander  White, Anglo, Caucasian  
 Hispanic (including Puerto Rican, Latino)  African American, Black  Other

### FATHER/GUARDIAN

Name \_\_\_\_\_ Company \_\_\_\_\_ Position \_\_\_\_\_

Education \_\_\_\_\_  
SCHOOL COLLEGE GRADUATE SCHOOL

Mailing Address \_\_\_\_\_  
 CHECK IF SAME AS APPLICANT STREET CITY STATE/PROVINCE  
\_\_\_\_\_  
COUNTRY ZIP/POSTAL CODE (INCLUDE COUNTRY, CITY, AREA CODE)  Home Tel.\* \_\_\_\_\_

Business Address \_\_\_\_\_  
STREET CITY STATE/PROVINCE  
\_\_\_\_\_  
COUNTRY ZIP/POSTAL CODE Business Tel. (INCLUDE COUNTRY, CITY, AREA CODE)

E-mail Address\* \_\_\_\_\_  Cell Phone\* \_\_\_\_\_  
(INCLUDE COUNTRY, CITY, AREA CODE)

### MOTHER/GUARDIAN

Name \_\_\_\_\_ Company \_\_\_\_\_ Position \_\_\_\_\_

Education \_\_\_\_\_  
SCHOOL COLLEGE GRADUATE SCHOOL

Mailing Address \_\_\_\_\_  
 CHECK IF SAME AS APPLICANT STREET CITY STATE/PROVINCE  
\_\_\_\_\_  
COUNTRY ZIP/POSTAL CODE (INCLUDE COUNTRY, CITY, AREA CODE)  Home Tel.\* \_\_\_\_\_

Business Address \_\_\_\_\_  
STREET CITY STATE/PROVINCE  
\_\_\_\_\_  
COUNTRY ZIP/POSTAL CODE Business Tel. (INCLUDE COUNTRY, CITY, AREA CODE)

E-mail Address\* \_\_\_\_\_  Cell Phone\* \_\_\_\_\_  
(INCLUDE COUNTRY, CITY, AREA CODE)

\*Check which you prefer as primary contact(s)

Applicant lives with:  Father  Mother  Both  Other \_\_\_\_\_

Where should admissions materials be sent?  Father  Mother  Both  Other (if other, list address below)

Address \_\_\_\_\_  
STREET CITY STATE/PROVINCE

Where should bills be sent?  Father  Mother  Both  Other (if other, list address below)

Address \_\_\_\_\_  
STREET CITY STATE/PROVINCE

Check all that apply:  Father is deceased  Parents Divorced  Father Remarried  Living Outside U.S.  
 Mother is deceased  Parents Separated  Mother Remarried

If parents are divorced or separated, who has legal custody of the applicant? \_\_\_\_\_

Are you applying for financial aid?  Yes  No If yes, self-employed?  Mother  Father

Will take SSAT on \_\_\_\_\_ Took SSAT on \_\_\_\_\_  
DATE DATE

List other tests applicant has taken (include test dates) \_\_\_\_\_

First language, other than English \_\_\_\_\_ Language spoken in the home \_\_\_\_\_

Information about brothers and sisters (Use additional sheets if necessary.)

NAME	AGE	SCHOOL
NAME	AGE	SCHOOL
NAME	AGE	SCHOOL

Names/class years of relatives or friends who attended Kent School: \_\_\_\_\_ Relationship: \_\_\_\_\_  
\_\_\_\_\_

How did you learn about Kent School?  
\_\_\_\_\_

## EDUCATION

Current School Name \_\_\_\_\_ Dates of Attendance \_\_\_\_\_  Independent  Parochial  Public

Address \_\_\_\_\_  
STREET/CITY STATE/PROVINCE ZIP/POSTAL CODE

Head Counselor \_\_\_\_\_ Tel. \_\_\_\_\_ Business Fax \_\_\_\_\_

Other schools attended in the past three years:

School \_\_\_\_\_  
NAME CITY STATE/PROVINCE DATES OF ATTENDANCE

School \_\_\_\_\_  
NAME CITY STATE/PROVINCE DATES OF ATTENDANCE

Should we be aware of any medical, psychological or learning style needs that might interfere with or impact your child's performance at Kent?  Yes  No

Has your child missed school at any point in his or her academic career for an extended period of time?  Yes  No

If the answer to either or both of these questions is yes, please provide a full explanation on a separate piece of paper.

\_\_\_\_\_  
SIGNATURE OF APPLICANT DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN DATE

Application fee of \$65 enclosed (\$120 USD for international students), payable to "Kent School Admissions."

Please return this form to: Kent Admissions Office, P.O. Box 2006, Kent, CT 06757

(For shipments requiring a street address, please use: One Macedonia Road, Kent, CT 06757)

Kent School adheres to a longstanding policy of admitting students of any race, color, creed, religion, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of gender, race, color, creed, religion, national and ethnic origin in administration of its educational policies, admissions policies and other school-administered programs.