



1215 Turner Ave., Dallas, TX 75208
Tel: 214.942.2220
www.thekesslerschool.com

Student Enrollment Application 20__-20__ Academic Year

Today's Date ____/____/____ Applying for Grade/Class _____ First Day of Attendance ____/____/____

APPLICANT'S PERSONAL DATA

Student's Legal Name _____
Last First Middle

Gender Male Female Name Used _____

Age _____ DOB ____/____/____ Ethnicity (Optional): Caucasian African American
 Asian American Hispanic
 Native American Middle Eastern American
 Other _____

Address _____

City _____ State _____ Zip _____ Home Phone _____

Citizenship _____ Language(s) spoken at home _____

Current School (if applicable) _____ School District _____

Schools Attended Previously: _____

Do you plan to apply for financial aid ? Yes No

Please share with us how you learned about The Kessler School?

Friend / Personal Referral _____ Website Drove By / Sign in front of School Advertisement
 Real Estate Agent _____ Other _____



APPLICANT'S EDUCATION HISTORY (if applicable)

School _____
Address _____

Grades Attended _____
Phone Number _____

School _____
Address _____

Grades Attended _____
Phone Number _____

Has the applicant ever? a.) Repeated a grade? Yes No If yes, which grade? _____
b.) Been dismissed or suspended from any school for any reason? Yes No
c.) If yes, please explain (include school name & name of principal) _____

APPLICANT'S MEDICAL HISTORY

Has the applicant ever been evaluated for or diagnosed with any of the following?

- learning differences attention problems hyperactivity visual difficulties
 hearing difficulties other _____

Details _____

If yes, a copy of the diagnostic report must be furnished with this application. Such differences do not discriminate against the applicant, but help the school determine if it is able to meet the recommendations made on behalf of the child.

APPLICANT'S FAMILY DATA

Child lives with both parents mother father other: _____

Dr. Mr. Mrs. Ms.
Parent/Guardian: _____

Dr. Mr. Mrs. Ms.
Parent/Guardian: _____

Home Address: _____

Home Address: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Occupation: _____

Occupation: _____

Job Title: _____

Job Title: _____

Employer: _____

Employer: _____

Daytime Phone: _____

Daytime Phone: _____

Email Address: _____

Email Address: _____

Step Parent's Name: _____

Step Parent's Name: _____

Occupation: _____

Occupation: _____

Work/Daytime Phone: _____

Work/Daytime Phone: _____

Paternal Grandparents

Names: _____

Address: _____

City/State Zip: _____

Maternal Grandparents

Names: _____

Address: _____

City/State Zip: _____

Brothers and Sisters (if applicable):

Name	Birth Date	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Members of the family who have attended or are now attending Kessler Park United Methodist Church’s Day School and/or The Kessler School, and their relationship to the applicant:

FAMILY STATEMENT / STUDENT PROFILE

With all the educational opportunities in Dallas, why have you chosen to apply at The Kessler School?

Are you applying for enrollment to other schools? ? Yes No If yes, which ones? _____

What are your child’s greatest strengths?

What are your child’s greatest areas of need and what steps have been taken to address these concerns?

What are your child’s special interests?

Describe your child’s relationship with his/her peers.

Describe your child's relationship with his/her family.

Please list unusual events or circumstances related to your child's birth and/or early years of life. Please use additional pages if necessary. (Examples: childhood illnesses, allergies, operations, convulsions, serious accidents or injuries, physical challenges, and/or impairments)

I understand that withholding or misrepresenting information requested in this application may jeopardize my child's admission decision. My signature below also affirms that all of the information contained in this application is correct, complete and honestly presented.

Signature of Parent/Guardian

Date

The Kessler School admits gender, race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to the students at the School. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, programs and other school-administered activities.

Please return this form, a picture of your child (optional) and \$100 application fee to:

**The Kessler School
Attn: Admissions
1215 Turner Ave.
Dallas, TX 75208**

For Admissions Use Only – Please Do Not Write In This Space

Date of Tour ____/____/____ **App Fee Paid?** ____ **Date of Student Interview** ____/____/____

Classroom/Teacher Visited _____

Teacher Comments:

Assessment of Development:

Director Comments:

Records Requested ____/____/____

Records Received ____/____/____

Enrollment **Accepted** **Denied**

Letter Sent ____/____/____