



STUDENT APPLICATION FORM

Wingra School is committed to attracting students and staff of varied backgrounds and to developing inclusive classroom communities which draw strength from a positive recognition of diversity. Wingra School does not discriminate against any person on the basis of gender, race, color, creed, religion, sexual orientation, political persuasion, national or ethnic origin, or disability.

PART ONE: STUDENT INFORMATION

Child's First Name: _____ **Middle:** _____ **Last:** _____

Address: _____ City: _____ Zip: _____

Phone: _____

Entering school year: _____ Age on September 1 of entering school year: Years: _____ Months: _____

Birth date: _____ Anticipated grade placement: _____ Gender (circle): male female

Anticipated length of stay at Wingra School: through 8th grade: _____ through 5th grade: _____
through 1st grade: _____ other: _____

Parent's First Name: _____ **Middle:** _____ **Last:** _____

Home address: _____ City: _____ Zip: _____

Home phone: _____ Employer: _____

Occupation: _____ Work address: _____

Work phone: _____ Preferred e-mail address _____

Parent's First Name: _____ **Middle:** _____ **Last:** _____

Home address: _____ City: _____ Zip: _____

Home phone: _____ Employer: _____

Occupation: _____ Work address: _____

Work phone: _____ Preferred e-mail address _____

Other children in family (specify names, ages, and schools currently attending):

An application fee of \$100 is required of each student. Submission of this form and the fee indicates parental interest but does not guarantee a child's acceptance in the school. In general, applications are processed on the basis of filing date, available space, and classroom needs. Wingra School staff members review previous school records and information from the applicant's family and teachers to ensure that the child would be well served at Wingra. Should a child not be accepted or if space is not available, the application fee will be refunded. Generally, waiting lists and application fees are retained until after school has started in the fall. If the school offers the family a contract, the enrollment fee is not refunded regardless of whether or not the family accepts the offer. If the school does not offer the family a contract, the fee is refunded. Return this form and the \$100 fee, payable to Wingra School, to: Paul Brahce, Head of School, Wingra School, 3200 Monroe St., Madison, WI 53711.

Fee enclosed: _____

Date received: _____

PART TWO: INFORMATION FROM PARENTS

Previous School Experience:

Preschool(s):

_____ Age(s): _____ Address: _____
_____ Age(s): _____ Address: _____

Elementary school or middle school(s):

_____ Grade(s): _____ Address: _____
_____ Grade(s): _____ Address: _____

Name and address of current (or last) school attended:

Name of director/principal: _____

Parent signatures are required to obtain information about children from other schools. The "Release of School Information Form", on the last page of this application, grants Wingra School permission to obtain school and diagnostic records, contact current and/or previous teachers, and observe the child in his/her current school setting. The application cannot be processed until this form is signed by a parent.

Parent Questionnaire

Wingra School serves children of diverse family backgrounds, abilities, and needs. Because of the high degree of freedom and choice, however, the environment does presuppose certain skills. Children must be able to respond to gentle verbal reminders. Children are expected to assume responsibility for themselves, for one another, and for the classroom environment. In order to better know and plan for prospective students, we ask parents to complete this questionnaire:

1. Why are you interested in Wingra for your child? What benefits do you hope s/he will derive from attending Wingra School?

2. What do you particularly like about your child? What makes her/him special?

3. What are your child's special interests and talents?

In order to better ensure that their families may be well served at Wingra School, we encourage parents to identify disabled applicants (or disabled family members of applicants) requiring accommodation during the application process or otherwise and to indicate what type of accommodation is desired.

12. **Optional:** Describe any diagnostic evaluations (medical, educational, or psychological) which have been recommended and/or completed for your child. From whom should we request the results?

13. **Optional:** Have you sought or considered professional help for your child from a family counselor, therapist, psychiatrist, or other mental health professional? If so, please explain.

14. **Optional:** How would you describe your child's general health and medical history? Indicate any physical or medical problems of which we should be aware, e.g. sight, hearing, speech, mobility, special medicines, allergies, etc.

15. Other information:

Please tell us how you initially learned about Wingra: _____

Have you applied previously? If so, when and for whom? _____

Parent/Guardian Signature: _____ Date: _____

Signing parent affirms they seek their child's admission to Wingra School and that all information above is accurate to the best of their knowledge.



INSERT
Release of School Information

(Wingra staff complete top portion; parents sign lower portion)

TO: _____
FROM: _____
RE: _____

This is a request for academic, social, and other school information for _____ who has applied for admission to Wingra School. We would greatly appreciate your input in making accurate admissions and placement decisions by providing the requested information. We are not requesting complete school records at this time, but we would appreciate any relevant information about the student including the following:

Academic Information:

- 1. Copies of progress reports
- 2. Pertinent test scores
- 3. Other relevant materials

Other Materials:

- 1. Reports from any educational staffing
- 2. Pertinent reports or findings from other agencies
- 3. The completed *Teacher Comment Form* (attached)

We assume that complete school files for children already attending elementary or middle school will be retained by the school of attendance until the child is actually enrolled at Wingra. Thank you in advance for your assistance in allowing us to make optimal admissions and placement decisions.

Paul Brahce
Head of School
Wingra School

I authorize the release of school records and information of the above-named student to Wingra School. This release is valid for a period of one year from the date of my signature.

Parent /Guardian _____ Date _____

Wingra School
3200 Monroe Street
Madison, WI 53711
Tel. 608.238.2525
FAX 608.238.6316
e-mail: info@wingraschool.org