

PERSON TO WHOM BILLS ARE TO BE SENT

NAME

STREET ADDRESS

CITY STATE ZIP

PLEASE CHECK IF YOU ARE INTERESTED IN RECEIVING FINANCIAL AID INFORMATION.

ADMISSIONS TEST DATE

(TAKEN OR TO BE TAKEN)

The filing of this form and payment of the (non-refundable) application fee places a student's name on the list of candidates for the year admission is sought. It is regarded by the School as a formal request for consideration of the applicant and for authorization to obtain transcripts and recommendations from previous schools.

DATE SIGNATURE

APPLICATION FEE: \$50.00

MAIL TO:

Baldwin
thinkingirls

Admissions Office
701 Montgomery Ave.
Bryn Mawr, PA 19010

tel 610.525.2700
fax 610.581.7231
email admissions@baldwinschool.org
web www.baldwinschool.org

Baldwin
thinkingirls

Grades 2–12 Application for Admission

Application for Grade ____ in September 20____



NAME OF APPLICANT Nickname

FIRST MIDDLE LAST

Birthdate School District

Home Address

STREET CITY STATE ZIP CODE

Telephone Number Email

Applicant Lives With: Both Parents Mother Father Other

Ethnic/Racial Origin (optional): *(please specify)*

Please indicate if there is a language other than English spoken at home (optional):

PARENT'S FULL NAME Ms. Mrs. Mr. Dr. Other

FIRST LAST

Home Address

STREET CITY STATE ZIP CODE

Employer Position

Business Address

STREET CITY STATE ZIP CODE

Telephone Number Email

HOME BUSINESS

PARENT'S FULL NAME Ms. Mrs. Mr. Dr. Other

FIRST LAST

Home Address

STREET CITY STATE ZIP CODE

Employer Position

Business Address

STREET CITY STATE ZIP CODE

Telephone Number Email

HOME BUSINESS

OTHER GUARDIAN(S) Full Name(s)

Home Address

STREET CITY STATE ZIP CODE

Telephone Number Email

HOME BUSINESS

GRADES 2-12

APPLICANT'S PRESENT SCHOOL

NAME OF SCHOOL

Address

STREET CITY STATE ZIP CODE

Telephone Number

PREVIOUS SCHOOLING

SCHOOL ADDRESS GRADES COMPLETED YEARS

SCHOOL ADDRESS GRADES COMPLETED YEARS

SCHOOL ADDRESS GRADES COMPLETED YEARS

FULL NAMES OF BROTHERS AND SISTERS Age Current School

WE WELCOME ANY ADDITIONAL INFORMATION THAT WILL HELP US SERVE YOUR CHILD'S NEEDS.

NAMES OF RELATIVES OR FRIENDS WHO HAVE ATTENDED BALDWIN

NAME YEARS OF ATTENDANCE RELATIONSHIP TO STUDENT

NAME YEARS OF ATTENDANCE RELATIONSHIP TO STUDENT

HOW DID YOU LEARN ABOUT BALDWIN?
