

## **APPLICATION FOR ADMISSION**

3333 Fifth Avenue · Pittsburgh, PA 15213 · 412.578.6158 · campusschool.carlow.edu

## **ADMISSION PROCEDURE**

Please return the completed application form with a \$50 non-refundable application fee payable to:

The Campus Laboratory School of Carlow University Admissions 3333 Fifth Avenue, Pittsburgh, PA 15213

\*For Early Learning Center application please send to the attention of Director, ELC.

| For school year20      |    |  |
|------------------------|----|--|
| Date of application    | _/ |  |
| Anticipated Start Date | _/ |  |

| PROGRAMS                     |                               |  |  |           |             |  |                |                |  |  |
|------------------------------|-------------------------------|--|--|-----------|-------------|--|----------------|----------------|--|--|
| EARLY LEARNING CENTER        | □ Infant (<1<br>□ Full time ( | □ Youn<br>□ Part t                                       | ng Toddler (1-2 years)<br>time (3 days/wk) |           |             | □ Older Toddler (2-3 years) □ Part time (2 days/wk) □ M □T □W □Th □F |                |                |  |  |
| PRESCHOOL                    | □ Reggio-Ir<br>□ Full time (  | □ Montessori (3-5 year-old<br>□ Half Days (5 half days/w |  |           |             | olds only)   |                |                |  |  |
| GRADES K-8                   | п K                           | 1 🗆 2  | □ 3  | □ 4       | □ 5         | □ 6  | <sub>-</sub> 7 | □8             |  |  |
| How did you learn about      |                               | s Laboratory S   | chool or E                                 | arly Lear | rning Cent  | er?  |                |                |  |  |
| Last Name                    |                               | · Name   |  |           | Middle Name | 9  |                | Preferred Name |  |  |
| Home Street Address          |                               | Cit  | у  |           |             |  | State          | Zip Code       |  |  |
| Home Phone                   |                               | Birthdate  | (or expected                               | due date  | for ELC)    |  | Birth Pla      | ace            |  |  |
| Child's First Language       |                               |  |  |           | Other Langu | ages Spoke   | n              |                |  |  |
| School District of Residence |                               |  |  |           |             |  |                |                |  |  |
| Schools, preschools, and c   | hildcare fac                  | ilities attended   | d during th                                | e past th | ree years:  |  |                |                |  |  |
| Name                         | Addre                         | ss   |  |           |             | Grade(s)   |                | Phone Number   |  |  |
| Name                         | Addre                         | SS   |  |           |             | Grade(s)   |                | Phone Number   |  |  |

| FAMILY INFORMATION                            |               |                                 |  |                  |                  |                     |   |          |  |  |
|---|---------------|---------------------------------|--|------------------|------------------|---------------------|---|----------|--|--|
| Parent/Guardian Name (Dr., Mr., Mrs., Ms.)    |               |                                 |  |                  |                  |                     |   |          |  |  |
| Home Street Address                           | City          |                                 |  |                  | Sto              | State               |   | Zip Code |  |  |
| Home Phone                                    | Cell Phone    |                                 |  |                  |                  | Email Address       |   |          |  |  |
| Employer                                      |               |                                 |  | Occupation       |                  |                     |   |          |  |  |
| Parent/Guardian Name (Dr., Mr., Mrs., Ms.)    |               |                                 |  |                  |                  |                     |   |          |  |  |
| Home Street Address                           | City          |                                 |  |                  | Sto              | ate                 |   | Zip Code |  |  |
| Home Phone                                    | Email Address |                                 |  |                  |                  |                     |   |          |  |  |
| Employer                                      |               |                                 |  |                  | Occupation       |                     |   |          |  |  |
| Sibling Information                           |               |                                 |  |                  |                  |                     |   |          |  |  |
| Name of Sibling                               | Birthdate     |                                 |  | School Attending |                  |                     |   |          |  |  |
| Name of Sibling                               | Birthdate     |                                 |  |                  | School Attending |                     |   |          |  |  |
| Name of Sibling                               | Birthdate     | School Attending                |  |                  |                  |                     |   |          |  |  |
| ADDITIONAL INFORMATION                        |               |                                 |  |                  |                  |                     |   |          |  |  |
| Do you have any present of past affiliation v | with          | The Campus Laboratory School, E | arly Le  | arn              | ning             | Center, or Carlow U | Jniv  | versity? |  |  |
| □ Yes □ No If yes, please specify:            |               |                                 |  |                  |                  |                     |   |          |  |  |
| PARENT OR GUARDIAN SIGNATURE                  | (S            | )                               |  |                  |                  |                     |   |          |  |  |
| Signature                                     |               | Date                            | The Campus Laboratory School and Early Learning Center admit students of any race, color, religion, gender, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to student at the school. They do not discriminate on the basis of race |                  |                  |                     | on, gender, national,<br>es, programs, and<br>available to students |          |  |  |
| Signature                                     |               | Date                            | color, religion, gender, national, or ethnic origin in the administration of its educational policies, admissions policies, scholarship and loan programs, or athletic and other school administered programs.   |                  |                  |                     |   |          |  |  |