



## APPLICATION FOR ADMISSION

A non-refundable fee of \$45.00 must accompany this application.

### GENERAL INFORMATION

Applicant's Full Name \_\_\_\_\_  
Last First Middle

Preferred Name \_\_\_\_\_ Gender: \_\_\_\_\_ Applying to enroll in \_\_\_\_\_ Entering grade \_\_\_\_\_  
(month/year)

Date of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Home Address \_\_\_\_\_  
Telephone \_\_\_\_\_

### FAMILY INFORMATION

Parent and/or Guardian 1

Parent and/or Guardian 2

Copy on correspondence  Yes  No

Full Name \_\_\_\_\_  
 Mr.  Mrs.  Dr.  Ms.  Other

\_\_\_\_\_  Mr.  Mrs.  Dr.  Ms.  Other

Home Address \_\_\_\_\_  
(if different from applicant's)

\_\_\_\_\_

Home Telephone \_\_\_\_\_

\_\_\_\_\_

Occupation / Position \_\_\_\_\_

\_\_\_\_\_

Business / Employer \_\_\_\_\_

\_\_\_\_\_

Business Address \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Business Telephone \_\_\_\_\_

\_\_\_\_\_

Cellular Telephone \_\_\_\_\_

\_\_\_\_\_

E-mail Address \_\_\_\_\_

\_\_\_\_\_

College or University attended \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**IF APPLICABLE**

Check all that apply:       Father Deceased       Parents Divorced       Father Remarried       Legal Guardian  
    Mother Deceased       Parents Separated       Mother Remarried

Step Parent(s) \_\_\_\_\_  
Name       Mr.    Mrs.    Dr.    Ms.    Other       Mr.    Mrs.    Dr.    Ms.    Other  
   Copy on correspondence    Yes    No      Copy on correspondence    Yes    No

Home Address \_\_\_\_\_  
(if different  
from applicant's)

Home Telephone \_\_\_\_\_

Occupation /  
Position \_\_\_\_\_

Business /  
Employer \_\_\_\_\_

Business Address \_\_\_\_\_  
\_\_\_\_\_

Business Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

College or University  
attended  
\_\_\_\_\_  
\_\_\_\_\_

Other children in family

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Applicant's Grandparents (if living)

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

### SCHOOL INFORMATION

Name of present school \_\_\_\_\_

Presently enrolled in grade \_\_\_\_\_ Years at present school \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Principal/Head \_\_\_\_\_

Teacher \_\_\_\_\_

Applicant's extracurricular activities, hobbies, special interests \_\_\_\_\_

Has the applicant ever had any educational, psychological or neurological evaluation(s)?  Yes  No

If "Yes," please indicate date, type of testing, and examiner.

Is the applicant currently being counseled by a psychologist or other therapist?  Yes  No

If "Yes," please indicate name, address, and telephone number.

May we contact this individual?  Yes  No

Has applicant ever been requested to withdraw from any school?  Yes  No

If "Yes," please explain in accompanying letter.

Names and relatives or friends who have been students at Pine Cobble:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Class \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Class \_\_\_\_\_

Name of friend or source who introduced you to Pine Cobble:

Name \_\_\_\_\_

## BUSINESS OFFICE INFORMATION

Name and address of individual responsible for tuition and bills \_\_\_\_\_

Do you plan to apply for financial aid?    Yes    No  
*(Financial aid decisions are made independently of admission decisions.)*

If financial aid is desired, please go to [sss.nais.org/parents](http://sss.nais.org/parents). Pine Cobble’s SSS identification number is 5792.

*In consideration of the undertaking of Pine Cobble School to process this application and related forms, I hereby agree that the information furnished on this form, together with all information and materials of any kind received by Pine Cobble School from any source, or prepared by anyone at the School’s request, shall be confidential and shall not be disclosed to anyone, including me and my family, except as the Head of School may, for official purposes and at his/her discretion, disclose any part thereof to such person or persons as deemed advisable.*

*I declare that the information reported on this form, to the best of my knowledge and belief, is true, correct, and complete at the date of this application. I am submitting herewith the non-refundable application fee of \$45.00.*

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**RETURN TO:**

**Director of Admission**  
Pine Cobble School  
163 Gale Road  
Williamstown, MA 01267

Telephone: (413) 458-4680  
Fax: (413) 458-8174

*Pine Cobble School prohibits in all its programs discrimination against or harassment of any individual or group based on gender, race, color, sexual orientation or religion.*