

Southfield School Admission Application

Please fill out ALL of the following. Incomplete applications will be returned for additional information.

Full Name of Applicant _____

Home Address _____
City State Zip

Email Address _____ Home Phone (____) _____ Cell Phone (____) _____

Date of Birth _____

Present Grade _____ Application for _____
Grade/Year

Present School _____ Public _____ Private _____

Address of present school _____
City State Zip

Principal/School Head _____ Telephone (____) _____

List all previous schools (including preschools) the applicant has attended:

SCHOOL	CITY/STATE	DATES	GRADES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FATHER

MOTHER

Full Name _____

Home Address _____

Phone _____

Email _____

Occupation/position _____

Business Employer _____

Business Address _____

Business Phone _____

College(s) attended _____

Are parents divorced? _____ Separated? _____ If either, name of parent or guardian with whom
the applicant is living _____

Applicant's brothers and sisters:

Name _____ Date of birth _____ School attending _____

Name _____ Date of birth _____ School attending _____

Members in applicant's family who have attended or are now attending Southfield School and their relationship to the applicant:

Name _____ Relationship _____ Year grad./attended _____

Name _____ Relationship _____ Year grad./attended _____

Please indicate how you became interested in Southfield: _____

Has the applicant ever skipped or repeated a grade? If so, indicate the grade and circumstances:

Describe any special circumstances which have affected the applicant's performance in school. *(For example, illness or physical handicaps, particular learning difficulties, or frequent changes in homes or schools.)*

Has the applicant ever been withdrawn from another school for academic or disciplinary reasons at the request of the school administration? Yes _____ No _____ If yes, please explain the circumstances:

Describe the applicant's general health *(include any special physical and/or medical considerations or limitations:)*

Describe any unusual talents or achievements the applicant has shown either in or outside of school:

If tuition assistance is requested, upon receipt of the application, the appropriate form will be sent to you. Is tuition assistance requested? Yes _____ No _____

- Admission is open to academically qualified students, without regard to race, creed, color, or gender.
- This form should be accompanied by a \$50.00 nonrefundable application fee.
- For students entering grades 1 through 8, the parent should also arrange for all TRANSCRIPTS and testing results from previous schools to be sent to Southfield School. **An application is not complete until all documents are received. Please review the information on the Admission Process insert.**

Signature of Parent or Legal Guardian

Date

Upon completion of this application, please return form and nonrefundable \$50 application fee (check or money order) to: Admission Director, Southfield School, 1100 Southfield Road, Shreveport, LA 71106