



## APPLICATION FOR ADMISSION

**APPLICATION DUE ON OR BEFORE JANUARY 31, 2008**

Optional:  
attach  
photo of  
applicant  
here

Applicant's Full Name - First Middle Last Name by which student is called

Male Female

Preferred Home Address for Applicant

City State Zip Phone

Birth Date Age Grade to Enter 2008-2009 U.S. Citizen?

**Optional:** For accurate record keeping and effective support of our entire student body, please complete the following information.  
Student's racial/ethnic background:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> African American  | <input type="checkbox"/> Latino/Hispanic American              | <input type="checkbox"/> Native American           |
| <input type="checkbox"/> Asian American    | <input type="checkbox"/> Middle Eastern American               | <input type="checkbox"/> Pacific Islander American |
| <input type="checkbox"/> European American | <input type="checkbox"/> Multiracial American (please specify) | <input type="checkbox"/> Other (please specify)    |
| <input type="checkbox"/> International     | _____  | _____  |

Present School School Address/Phone

Father / Mother / Guardian

Full Name (Parent / Guardian) (please circle)

- Married  Separated  Divorced  Single  
 Domestic Partner  Guardian  Widowed

College(s) Attended U.S. Citizen?

Home Address/if different from above Phone

City State Zip

Occupation and Title

Name of Employer

Full Business Address

Work phone Cell phone

Email Address (work or home?)

**Please provide information about other adults involved in parenting who should receive admissions material.**

Full Name Relationship to Student

Home Address Phone

Name of Employer Occupation Title

Names, birthdates and current schools of siblings: \_\_\_\_\_

Father / Mother / Guardian

Full Name (Parent / Guardian) (please circle)

- Married  Separated  Divorced  Single  
 Domestic Partner  Guardian  Widowed

College(s) Attended U.S. Citizen?

Home Address/if different from above Phone

City State Zip

Occupation and Title

Name of Employer

Full Business Address

Work phone Cell phone

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**Please provide information about other adults involved in parenting who should receive admissions material.**

Full Name Relationship to Student

Home Address Phone

Name of Employer Occupation Title

Relatives who previously attended The Blake School / Northrop/ Blake / Highcroft: (include relationship to student)

Would you like to receive need-based financial aid application materials? Y/N

To enable us to know you and your child better, please complete each of the following questions.

What are your educational goals for your child? How do you see The Blake School facilitating those goals? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your child's interests (arts, athletics, hobbies) or special talents? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your child's social/emotional development and behavior at home and at school. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your child's academic performance in the present school. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Blake School embraces diversity in the broadest sense, taking into account the differences in gender, culture, religion and heritage. How would you and your child enhance and/or support the School's commitment to diversity? \_\_\_\_\_  
\_\_\_\_\_

We do not want to repeat testing unnecessarily. If your child has completed psychological/ability testing in the past year, please describe and provide copies of the evaluation results. (This would include tests such as WISC, WPPSI, McCarthy, Stanford-Binet, PSAT or SAT.) \_\_\_\_\_  
\_\_\_\_\_

Are you aware of any areas in which we might be able to give special help and encouragement to your child? Is your child receiving special services in the current school? \_\_\_\_\_  
\_\_\_\_\_

How did you hear about Blake? \_\_\_\_\_

Please list your Public School District: \_\_\_\_\_

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

\_\_\_\_\_  
Date

**APPLICATION FEE: \$75 WHEN POSTMARKED BY DECEMBER 1; \$100 AFTER DECEMBER 1.**  
**PLEASE ENCLOSE APPLICATION FEE AND RETURN THIS FORM TO THE ADMISSIONS OFFICE,**  
110 South Blake Road, Hopkins, MN 55343 —TELEPHONE 952-988-3420.  
For reduced fee options, please contact the Director of Financial Aid. 952-988-3424