



**FRANKFORD
FRIENDS
SCHOOL**

Application for PreK through 7th Grade

*Frankford Friends School welcomes children
of all faiths and all ethnic, national, racial, and
economic backgrounds, without regard to
gender or sexual orientation.*

For office use: _____
ck#: _____
RW: _____

Date: _____

Applicant Information

Applicant name _____ Date of Birth _____

Applicant address _____

City _____ State _____ Zip _____

Present Grade _____ Applying for grade _____ Fall of _____

Family Information

Please complete for both parents/guardians

Parent 1 _____ Parent 2 _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

Phone _____ Phone _____

Cell number _____ Cell number _____

Email _____ Email _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

If parents' addresses are different, applicant resides with _____

All school mailings should be sent to (circle one) **Parent 1** **Parent 2** **Both**

Financially responsible (circle one) **Parent 1** **Parent 2** **Both**

Educational Information

Applicant's current school _____ Grades attended _____

School Address _____

City, State, Zip _____

School Phone _____ Principal/Head of School _____

Previous School attended (if any) _____ Grades attended _____

School Address _____

City, State, Zip _____

Please complete **Additional Information** on reverse side

Additional Information

How did you hear of Frankford Friends School?

Have any other family members attended Frankford Friends School? Please share their names.

Does the applicant of family belong to the Society of Friends? If so, please include the name of the Meeting.

Does your child have any allergies?

Are there any physical or emotional factors that would help us understand your child?

Has any special psychological or educational testing been recommended or completed for your child? If so, please explain the reasons.

Have you applied for this child at any other time? Yes _____ No _____

Did you attend an Open House at FFS this year? Yes _____ No _____

Is any language other than English spoken at home? Yes _____ No _____

Language spoken, if other than English:

Signature of parents or guardians:

Date:

Date:

A non-refundable application fee of \$50 is required with the filing of the application.

Please make checks payable to Frankford Friends School. Mail the check with this application to:
Frankford Friends School, Admissions Office, 1500 Orthodox St., Philadelphia, PA 19124