



Student Application Information

For School Age Children Ages 5–13

221 Mickens Road, Afton, Virginia 22920 • 540.456.8450 • northbranch@nbsva.org • north-branch-school.org

Date of Application: _____

Child's Full Name: _____ Nickname: _____

Address: _____

Child's Date of Birth: _____ Gender: _____

Current School: _____ Current grade level: _____

Previous Schools: _____

Did your child receive special services/assessment (i.e. talented/gifted, learning disability, etc.)? (circle choice) **YES** **NO**

If yes, please explain (or on separate piece of paper, if more space is needed). _____

Mother's name: _____ Legal Guardian: _____

Address (if different than child's): _____

Phone: _____ Work Phone: _____ Email: _____

Father's name: _____ Legal Guardian: _____

Address (if different than child's): _____

Phone: _____ Work Phone: _____ Email: _____

If your child divides her/his time between households, please note schedule: _____

Sibling Information: name(s), date(s) of birth, and current school: _____

If K–4, are you interested in sending your child for the Wednesday program? (circle choice) **YES** **NO**

Do you anticipate an interest in tuition assistance? (circle choice) **YES** **NO**

How did you find out about North Branch School? _____

A non-refundable application fee of \$100 (check payable to North Branch School) should accompany this form.

OFFICE USE ONLY

Date Application Received: _____ Enrollment fee: _____