



WESTAMPTON

315 BRIDGE STREET, WESTAMPTON, NJ, 08060 • 609.267.8198 • FAX: 609.267.3268

STUDENT APPLICATION

ADMISSION APPLICATION

A One-time Application Fee of \$35.00 (non-refundable) is due with this application. Make check payable to Friends Academy of Westampton.

STUDENT INFORMATION

Date of Birth ____/____/____ Social Security Number _____ Sex M () F ()

Last Name _____ First _____ Middle _____

Street Address _____ City _____

State _____ Zip Code _____ Email (optional) _____

Phone Number _____ Emergency Number _____

Current Grade _____ Grade Applying To _____ How did you learn about Friends Academy of Westampton? _____

FAMILY INFORMATION

FATHER'S NAME _____

Street Address _____ City _____

State _____ Zip Code _____

Employer/Occupation _____ Position _____

Business Street Address _____

City _____ State _____ Zip Code _____ Business Phone _____

Email Address _____

MOTHER'S NAME _____

Street Address _____ City _____

State _____ Zip Code _____

Employer/Occupation _____ Position _____

Business Street Address _____

City _____ State _____ Zip Code _____ Business Phone _____

Email Address _____

Student Lives with (check all that apply) Mother Father Guardian Grandparents

If parents are divorced or separated, who has legal custody of the applicant? _____

If Guardian/Grandparents checked, please provide name & address

Name _____

Street Address _____ City _____

State _____ Zip Code _____ Phone Number _____