



APPLICATION FOR ADMISSION

To The Parent or Guardian:

This Application represents a request for admission to The Prep School. When your child's name is next to fill an available spot at The Prep School, our staff will call you to let you know. An Application Fee of \$50.00 must accompany your child's Application (*either a check can be written or a debit / credit card form can be completed*). If you have questions about this process, feel free to contact us at (812) 333-2882. This Application is not binding upon the applicant or upon The Prep School.

APPLICATION IS HEREBY MADE FOR THE ADMISSION OF:

Student's Name: _____

Preferred Enrollment Date: _____

Schedule Preference (*check preference*):

_____ Full Time Attendance (every day, Monday through Friday, and for a full day)

_____ Part Time Attendance (4 days or less and for a full day)

(for part time) Please indicate which days:

_____ Mondays _____ Tuesdays _____ Wednesdays _____ Thursdays _____ Fridays

Student's Date of Birth: _____

Student's Home Address: _____
(include city and zip code)

Guardian #1 Name: _____

Best Daytime Phone Number: _____ Email Address: _____

Guardian #2 Name: _____

Best Daytime Phone Number: _____ Email Address: _____

Signature of Guardian: _____

(This Application can be submitted by mail 525 West 17th Street, Bloomington, 47404, or by email info@theprepschool.net).

OFFICE USE:

Application was received on: _____

Fee Paid: _____