



Phone: 248.762.8679
Toll Free: 855-646-6093
Email: egordon@therightschool.com

Student's Full Name _____ **Today's Date** _____
Nickname (if any) _____ Birth Date _____ Age _____ Grade _____
Address _____
City/state/zip _____
Referred by _____
Parents married _____ Divorced _____ Child is Biological _____ or Adopted _____ at age _____

Mother's Name _____ Home Phone _____ Work Phone _____
Address _____
City/state/zip _____
Education _____ Occupation _____
Email _____

Father's Name _____ Home Phone _____ Work Phone _____
Address _____
City/state/zip _____
Education _____ Occupation _____
Email _____

Student's Current or Most Recent School _____
School Counselor _____ Phone _____
Siblings' Ages and Current Schools _____

Therapist's Name (if applicable) _____ Phone _____
Student's Special Interests or Activities _____
Reason for Seeking a School/Program _____
Private School or Program Contacted or to Which You Have Applied _____

Family's Religious Preference (Optional) _____
Desired Admission Date: Immediate _____ Fall _____ Winter _____ Spring _____ Summer _____

Parent Signature (if under 18) _____

Student Signature if age 18+ _____