



Application for The 3-D School

Application Year: _____

Full Name _____ DOB/Age _____ Phone # _____

Student's Address _____

Father's Name _____ Cell Phone # _____

Address (if different) _____

Mother's Name _____ Cell Phone # _____

Address (if different) _____

Parent's e-mail address(s) _____

Father's Employment _____ Address _____

Mother's Employment _____ Address _____

Sibling Names and Ages _____

Last School Attended _____ Grade _____

Person Responsible for Tuition Payments _____

Address _____ Telephone _____

Maternal Grandparents _____ Telephone _____

Address _____ City/State _____

Paternal Grandparents _____ Telephone _____

Address _____ City/State _____

Most Recent Testing Dates and Location (attach copy) _____

Does the student have any allergies _____ If yes, explain _____

Describe any health problems _____

Does the student take an medications (List) _____

Student's Physician: _____ Telephone: _____

Health Insurance Information _____

Who referred you to the 3D School _____

What was the reason for the referral _____

The nonrefundable application fee of \$100.00 should be submitted with the application.