

Burke's

KATHERINE DELMAR BURKE SCHOOL

Application for Admission

Applicant's name _____
Last First Middle Nickname

Applying to grade _____ In _____ Current age _____ Birth date _____
Grade Month, year Month, day, year

Home address _____
Street City State, Zip code

Primary language _____ Other(s) spoken _____ Ethnicity (optional) _____

Present school _____
Name Phone

_____ *Street City State, Zip code*

Schools previously attended by applicant _____
Name Dates of attendance

_____ *Name Dates of attendance*

Please check all that apply: Parents together Parents separated Parents divorced Mother deceased
 Father deceased Father remarried Mother remarried Single parent

With whom is applicant living? _____ Who is legal guardian? _____

Please list each parent or guardian separately:

Parent or guardian name _____
Last First Middle Nickname

Address (if different from applicant's) _____
Street City State, Zip code

Phone _____
Home Cell Business

Email _____ Primary language _____ Other(s) spoken _____

Religion (optional) _____ Ethnicity (optional) _____

Occupation _____ Employer _____

High school _____ College or university _____

Parent or guardian name _____
Last First Middle Nickname

Address (if different from applicant's) _____
Street City State, Zip code

Phone _____
Home Cell Business

Email _____ Primary language _____ Other(s) spoken _____

Religion (optional) _____ Ethnicity (optional) _____

Occupation _____ Employer _____

High school _____ College or university _____

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Grandparents of applicant:

Name	Address	Phone

Names of relatives who have attended Burke's:

Name	Year	Relationship to applicant

Other children in applicant's family:

Name	Gender	Date of birth	Present school

How did you learn about Burke's? _____

Prior to our parent or guardian interview, is there anything else you would like us to know about the applicant? *(Please limit your comments to 250 words; add a separate sheet if necessary.)*

Person(s) financially responsible: _____

Name(s)	Phone

Address	City	State, Zip code

Please submit this application with a \$100 application fee made payable to Katherine Delmar Burke School by December 15, 2009. You may request an application fee waiver by calling Renée Thompson, Director of Admissions, at (415) 751-0177 ext. 206. A family photo is welcomed but not required.

Signature _____
Parent or guardian Date

Katherine Delmar Burke School admits students of any race, color, religion, national or ethnic origin to all the rights and privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin or sexual orientation in administration of its educational policies, scholarship, athletics or any other programs.