



**THE IMAGO SCHOOL**  
1 PERCIVAL STREET  
MAYNARD, MA 01754  
978-897-0549

**NEW ADMISSION APPLICATION**

**APPLICATION FEE:** *If this is your first child applying to The Imago School, please include a non-refundable application fee of \$50. For each additional sibling applying to The Imago School, please include with your application, a non-refundable application fee of \$25.*

Student's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

**Street**

**Town**

**Zip**

Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Grade applying for: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Language spoken at home: \_\_\_\_\_

School(s) Previously Attended (indicate and homeschooling and grade work done):

**NAME OF SCHOOL**

**ADDRESS**

**GRADE**

**YEAR**

NAME OF SCHOOL	ADDRESS	GRADE	YEAR
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has the student repeated any grade? \_\_\_\_\_

If yes, which grade and why? \_\_\_\_\_

Has the student any history of an unusual physical or emotional condition or a learning disability which has required professional attention? If yes, explain: \_\_\_\_\_

Father's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_