Fremont Community School

3530 Interlake Avenue North
Seattle, WA 98103
206-547-4054
www.fremontcommunityschool.org

Admission Application

Child's Name_____ Date of Birth_____ Gender M F
First Last

Parent/Guardian
Name_____

Address_____

Employer & Address_____

Phone #s_____
Home Cell Work

Email_____

Parent/Guardian
Name_____

Address_____

Employer & Address_____

Phone #s_____
Home Cell Work

Email_____

Desired Number of Days_____ Desired Days of the Week M T W Th F

(PLEASE NOTE: This is just a preliminary inquiry about your desired days. We CANNOT guarantee that your child will be able to receive the days of the week that you've requested. If your child is accepted to FCS, we will work closely with you to find as close as a match as possible.)

Siblings (Name and Birth Dates)_____

Previous School/Day Care (include ages attended)_____

How did you hear about Fremont Community School?_____

On the back of this page, briefly answer the following questions:

1. What would you like us to know about your child and his or her developmental background?
2. Does your child have any special needs or exceptional abilities that need accommodation?
3. Why do you feel FCS is a good fit for your child?

Please enclose a **non-refundable application fee of $50.00** with this form. Mail to:
Fremont Community School, 3530 Interlake Ave N, Seattle, WA 98103 Attention: Julie Rusillo

Parent/Guardian Signature_____ Date_____