

116 SUMMIT STREET ITHACA, NEW YORK 14850 PHONE 607.272.3110 FAX 607.272.0747 EMAIL admissions@cascadillaschool.org

APPLICATION FOR ADMISSION

PLEASE TYPE OR PRINT CLEARLY

STUDENT INFORMATION

Student's Full Legal Name:				
First Name	Middle 1	Name	Family N	Jame
Preferred First Name			Gender:	☐ Male ☐ Female
Permanent Address				
Street				
City	State or Province	Country		Zip or Postal Code
Home Phone(include country, city & a			(include cou	ntry, city & area codes)
Student's E-mail	PLEASE PRINT			
Age Date of Birth				
Age Date of Birth	1/уууу	City	State	Country
Current Grade Applyin				☐ Boarding Student☐ Day Student
Proposed Date to Begin: \square Fall S	emesteryear	☐ Spring Semester	year	
First Language (other than English	n)	Language spoken in t	he home	
CITIZENSHIP INFORM	TATION			
☐ U. S. Citizen				
□ Non-U. S. Citizen:				
	Country of Citize	enship		
Please check appropriate	Visa or Immigration	status:		
☐ Student will require an☐ Student has Permanent			ited States	

Name of Student _			2 6 1 11			
FAMILY BAC	First KGROUND		Middle	Last		
Parent/Guardia	an I (CONTACT INFORM	ATION IS REQUIRED	FOR BOTH PARENTS OR GUARDIANS		
TITLE: Mr. Mrs.	□Ms. □Dr.					
First N		Middle	Name	Family Name		
Preferred First Nam	ne					
Relationship to Stud	dent					
Permanent Address						
	Street					
	City	State or Province	Country	Zip or Postal Code		
Occupation or Title		F	Employer			
(include country, city & area codes)		Work Phone	(include country, city & area codes)			
Cell Phone	(include country, city	city & area codes) Fax (1f any)(inclu		(include country, city & area codes)		
Email						
Parent/Guardia TITLE: □Mr. □Mrs.						
First N	Name	Middle	Name	Family Name		
Preferred First Nam	ne					
Relationship to Stud	dent					
Permanent Address						
	Street					
	City	State or Province	Country	Zip or Postal Code		
Occupation or Title		F	Employer			
Home Phone	(include country, city	v & area codes)	Work Phone	(include country, city & area codes)		
Cell Phone			Fax (if any)	(include country, city & area codes)		
Email						

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Name of Student					
EDUCATION		First	Midd	le	Last
Present School:					
School Name					
Dates attended	Gr	ade levels comp	oleted		
School Address					
	Street				
	City	State or	Province	Country	Zip or Postal Code
School Telephone			School Fax N	Number	clude country, city & area codes)
Head of School <i>or</i> C	Counselor				
Other Schools a				Province	Dates Attended
ochool iname		City	State or	Province	Dates Attended
School Name		City	State or	Province	Dates Attended
School Name		City	State or Province		Dates Attended
REFERENCES	5				
Please provide two c	haracter refe	erences:			
1. Name					
Address					
	Street				
	City	State or	Province	Country	Zip or Postal Code
2. Name					
Address					
	Street				
	City	State or	Province	Country	Zip or Postal Code

Cascadilla School Application for Admission

Name of Student	First	Middle	T .	ast
GENERAL INFORM		middle	Li	aot
Please tell us how you learned	about the Cascadilla	School.		
Is this an educational agency a If yes, please write the name o			he spaces below.	
Agency Name				
Name of Agent				
Mailing Address	First Name		Family Name	
Walling Address	Street			
City	State or Province	ce Co	ountry	Zip or Postal Code
Home Phone		Cell Phone		ntry, city & area codes)
(include cour Email			(include cour	ntry, city & area codes)
Signature of Student Applican	nt	D	rate	
Signature of Parent or Guardi	an	D	ate	
Please read both this appoint indicates your responsible take. No refunds are made must receive the school receives th	plication and the school the scho	all fees and your classes. Before thi	packet carefully. Y approval of cours application can b	ses the applicant will
A \$50.00 non-refundable ap	plication fee must also	accompany the	application.	
☐ Application Fee is Enclose		The state of the s	I I	