

Seabreeze Independent School  
27 Puddleglum Way, Ellsworth Maine 04605  
New Student Application  
*Please attach \$25 application fee*

School Use Only Date Enrolled: Date Terminated:
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Application Date: \_\_\_\_\_

Requested Start Date: \_\_\_\_\_

Primary only: Full days or half days 8-12 (circle)

**Family Information**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Family Status: Married \_\_\_ Divorced \_\_\_ Single Parent \_\_\_ Life Partner \_\_\_ Other: \_\_\_\_\_

Child lives with: \_\_\_\_\_

**People Authorized to Pick Child Up**

\_\_\_\_\_  
Other children in the family

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Lives in the household? \_\_\_\_\_

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Other adults living in the household: \_\_\_\_\_

Pets living in the household: \_\_\_\_\_

Child's general health: \_\_\_\_\_

Allergies: \_\_\_\_\_

Is English the primary language? \_\_\_\_\_ Other languages spoken at home? \_\_\_\_\_

Is your child fully toilet trained? (Occasional accidents excepted)

Does your child nap?

How do you discipline your child?

How would you describe your child's learning style?

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What are your child's social strengths and challenges?

What are your child's academic strengths and challenges?

Has your child ever been evaluated for psychological, behavioral, emotional or learning challenges?

Is there anything you feel would help us in getting to know your child such as personality, interests, temperament, physical or emotional needs?

**Previous School Experience**

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates of Attendance:

How did you hear about Seabreeze Independent School?

Why did you choose Seabreeze Independent School?

Are you interested in staying through kindergarten? Through grade six?

Would you be interested in having after school care?

If so what hours and days would be most beneficial?

Please add any other comments, questions or suggestions:

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