



THE GREENWOOD SCHOOL

14 Greenwood Lane, Putney, VT 05346 • Phone (802) 387-4545 • FAX (802) 387-5396
www.greenwood.org • E-mail grnwood@sover.net

Applicant's Name _____
Last First Middle Nickname

Address _____

City _____ State _____ Zip _____

Telephone (____) _____ Fax (____) _____ E-mail _____

Citizenship _____ Adopted _____

Date of birth _____ Applying for year beginning _____ 20 _____

Grades repeated _____

Full Name of Father or Male Guardian _____

Home address (if different) _____

Telephone (____) _____ Fax (____) _____ E-mail _____

Occupation _____ Title _____

Name of company _____ Business phone (____) _____

Business address _____

City _____ State _____ Zip _____

Nature of business _____

Schools and colleges attended _____

Full Name of Mother or Female Guardian _____

Home address (if different) _____

Telephone (____) _____ Fax (____) _____ E-mail _____

Occupation _____ Title _____

Name of company _____ Business phone (____) _____

Business address _____

City _____ State _____ Zip _____

Nature of business _____

Schools and colleges attended _____

If family is not together, please give the following information:

Father deceased Mother deceased Parents separated or divorced

With whom does applicant reside? _____

Name of stepfather and/or stepmother (if any) _____

Who will be financially responsible for the applicant? _____

Billing address _____

City _____ State _____ Zip _____

APPLICATION FOR ADMISSION

Other children in family

Name _____ Sex _____ Date of Birth _____

Name _____ Sex _____ Date of Birth _____

Name _____ Sex _____ Date of Birth _____

Grandparents

Maternal _____ Address _____

Paternal _____ Address _____

Please list the competitive sports in which the applicant has participated _____

Through what source did you learn about Greenwood? Internet Educator

Name _____ Educational Consultant Other

_____ Guidance Counselor

Has the applicant ever been subject to school disciplinary action (i.e. expulsion, suspension, probation)? _____

If yes, please explain _____

Has the applicant received professional counseling or therapy in the past few years? If yes, please provide the name and contact information of the professional and reason for consultation _____

If yes, please explain _____

APPLICATION STATEMENT

Please read the following information carefully before signing and acknowledging the contents of this application and The Greenwood School's admissions policies.

I hereby make application to The Greenwood School for my son/ward. **Enclosed is a non-refundable application fee of \$75 (US dollars only) made payable to The Greenwood School.**

If determined that information has been either intentionally or inadvertently withheld, Greenwood reserves the right to withdraw a student's acceptance or terminate placement. Information pertinent to your child's application will be held in the strictest confidence and will be destroyed in three years from its receipt if the applicant does not attend.

Parent's/Guardian's signature _____

Parent's/Guardian's signature _____

Return completed application to:

The Greenwood School, 14 Greenwood Lane, Putney, VT 05346 Attn: Admissions