

HENRY BARNARD SCHOOL
600 Mt. Pleasant Avenue
Providence, RI 02908
(401) 456-8127

ADMISSIONS APPLICATION

Please complete this application and return it to us at the above address
along with a check for \$25.00 made payable to: Henry Barnard School.

Applying for: (please check one)

Preschool (Child must be age 3 or 4 by August 31st) _____

Kindergarten (Child must be age 5 by August 31st) _____

Grades 1 through 5 (please specify grade) _____

Child's Information: Date of Birth: ____/____/____ Male ____ Female ____

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Parent/Guardian Information:

Mother's Name: _____

Mother's Cell Phone: _____ E-mail address: _____

Father's Name: _____

Father's Cell Phone: _____ E-mail address: _____

Please list any siblings that are currently enrolled at HBS:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Is either parent/guardian a **full-time** member of the RIC Faculty? Yes ____ No ____

If yes, what department? _____

Optional: (please check one)

White ____ Black ____ Hispanic ____ Asian ____ American Indian ____ Alaskan Native ____

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