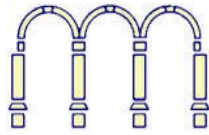


Please enclose \$75.00  
non-refundable application fee.



**OFFICE USE ONLY**

Received	_____
Accepted	_____
Admitted	_____
Family I.D.	_____
Central I.D.	_____
Student I.D.	_____
Place of Birth	_____
Date Issued	_____
Birth Cert. No.	_____
Graduated	_____
Withdrawn	_____
Dismissed	_____

**LINTON HALL SCHOOL**  
 9535 Linton Hall Road  
 Bristow, Virginia 20136  
 703.368.3157  
 www.lintonhall.edu

**APPLICATION FOR ADMISSION**

**(Please Print or Type)**

Student's Name \_\_\_\_\_ (Male / Female)  
Last First Middle Circle One

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN # \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Mailing Address \_\_\_\_\_ Please Indicate - Mr., Mrs., Ms., etc. Home Phone: \_\_\_\_\_  
Street and Number

City and State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone (Mr.): \_\_\_\_\_

Family Email: \_\_\_\_\_ Cell Phone (Mrs.): \_\_\_\_\_

Additional Email Addresses (if any): \_\_\_\_\_

Residence Address (if different than mailing address)

\_\_\_\_\_ Street and Number Phone \_\_\_\_\_  
City and State Zip

School Last Attended \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

Applying to Enter \_\_\_\_\_ Grade \_\_\_\_\_ Repeating \_\_\_ Yes \_\_\_ No  
Month/Year

Father's Name \_\_\_\_\_

Occupation and Firm Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Occupation and Firm Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_

Are parents separated? \_\_\_\_\_ Is either parent deceased? \_\_\_\_\_ With whom does child live? \_\_\_\_\_

Religion of Father \_\_\_\_\_ Religion of Mother \_\_\_\_\_ Religion of Student \_\_\_\_\_

Baptized? Yes \_\_\_ No \_\_\_ First Penance? Yes \_\_\_ No \_\_\_ First Communion? Yes \_\_\_ No \_\_\_ Confirmed? Yes \_\_\_ No \_\_\_

Parish Name and Address \_\_\_\_\_

\_\_\_\_\_ Name Street and Number Phone \_\_\_\_\_  
City and State Zip

**Continued on Back**

**SISTERS AND/OR BROTHERS:**

**NAME**

**PLACE OF BIRTH**

**DATE OF BIRTH**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person(s) financially responsible for payments

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

In an emergency when the aforementioned parties cannot be reached, who should be contacted locally?

1<sup>st</sup> Choice Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

2<sup>nd</sup> Choice Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Maternal Grandparents:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Paternal Grandparents:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

**CONSENT AND LIMITATION OF LIABILITY:** I hereby give permission to have this child participate in all school sponsored, school approved, and/or extended day activities, and agree that the liability of Linton Hall School shall be limited to damages resulting solely from its negligence. This permission shall include but is not limited to activities such as swimming, sports, field trips, etc.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMERGENCY MEDICAL CARE:** In the event that I cannot be reached in an emergency, I request and authorize Linton Hall School and its extended day staff to obtain medical assistance for this child in cases of illness or injury.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**If accepted, I agree to abide by all Linton Hall School policies and procedures and to be fully involved in the school community.**

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Father/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Rules for acceptance and participation in the program are the same for everyone without regard to race, color, sex, age, marital status, handicap/disability, national origin or citizenship.

**Applications and waiting lists are NOT carried over from one year to the next.**