



Other children in family

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

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Applicant's Grandparents (if living)

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

**FAMILY STATUS**

Check all that apply:     Father Deceased     Parents Divorced     Father Remarried     Legal Guardian  
 Mother Deceased     Parents Separated     Mother Remarried

Step Parent(s) \_\_\_\_\_  
 Name     Mr.     Mrs.     Dr.     Ms.     Other     Mr.     Mrs.     Dr.     Ms.     Other

Home Address \_\_\_\_\_

\_\_\_\_\_

Home Telephone \_\_\_\_\_

Occupation / \_\_\_\_\_  
 Position \_\_\_\_\_

Business / \_\_\_\_\_  
 Employer \_\_\_\_\_

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

\_\_\_\_\_

Business Telephone \_\_\_\_\_

Cellular Telephone \_\_\_\_\_

E-mail Address \_\_\_\_\_

College or University \_\_\_\_\_  
 attended \_\_\_\_\_

Special interests, hobbies or community activities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Identify custodial parent(s) or guardian(s) if not father and mother \_\_\_\_\_

\_\_\_\_\_

Duplicate correspondence requests \_\_\_\_\_

\_\_\_\_\_

**SCHOOL INFORMATION**

Name of present school \_\_\_\_\_

Presently enrolled in grade \_\_\_\_\_ Years at present school \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Principal/Head \_\_\_\_\_

Teacher \_\_\_\_\_

Applicant's extracurricular activities, hobbies, special interests \_\_\_\_\_

Has the applicant ever had any educational, psychological or neurological evaluation(s)?  Yes  No  
If "Yes," please indicate date, type of testing and examiner.

Is the applicant currently being counseled by a psychologist or other therapist?  Yes  No  
If "Yes," please indicate name, address and telephone number.

May we contact this individual?  Yes  No

Has applicant ever been requested to withdraw from any school?  Yes  No  
If "Yes," please explain in accompanying letter.

Names and relatives or friends who have been students at Pine Cobble:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Class \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Class \_\_\_\_\_

Name of friend or source who introduced you to Pine Cobble:

Name \_\_\_\_\_

### BUSINESS OFFICE INFORMATION

Name and address of individual responsible for tuition and bills \_\_\_\_\_

Students in Grades K through 9 are eligible for financial aid consideration.

Will the applicant be a candidate for financial aid?     Yes                       No

*(Financial aid decisions are made independently of admission decisions.)*

If financial aid is desired, a Parents' Financial Statement from School and Student Service for Financial Aid must be completed. Please check the appropriate circle below:

Send information and a Parents' Financial Statement

We have already completed the School and Student Service forms and will have a report sent to Pine Cobble. Pine Cobble's SSS identification number is 5792.

*In consideration of the undertaking of Pine Cobble School to process this application and related forms, I hereby agree that the information furnished on this form, together with all information and materials of any kind received by Pine Cobble School from any source, or prepared by anyone at the School's request, shall be confidential and shall not be disclosed to anyone, including me and my family, except as the Headmaster may, for official purposes and at his discretion, disclose any part thereof to such person or persons as deemed advisable.*

*I declare that the information reported on this form, to the best of my knowledge and belief, is true, correct, and complete at the date of this application. I am submitting herewith the non-refundable application fee of \$45.00.*

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

*Return to: Director of Admissions  
Pine Cobble School  
163 Gale Road  
Williamstown, MA 01267  
Telephone: (413) 458-4680  
Fax: (413) 458-8174*

*Pine Cobble School prohibits in all its programs discrimination against or harassment of any individual or group based on gender, race, color, sexual orientation or religion.*