

THE WEST HILL SCHOOL

1455 West Hill Road, Rosemont, PA 19010

610-525-7660

Connie M. DiMedio, Head of School

Application for Admission

Preliminary application is hereby made for the admission of my child to The West Hill School for the _____ Group for the year beginning in September _____.

Non-refundable Application Fee of \$50 is enclosed

Name of applicant _____ Nickname _____ Boy/Girl _____

Address _____

Home phone _____ Birthdate _____

E-Mail Address _____

Father's full name _____

Name of business firm _____

Business address _____

Business Phone _____ Cell _____

Type of business or profession _____

Mother's full name _____

Name of business firm _____

Business address _____

Business phone _____ Cell _____

Type of business or profession _____

How did you hear about West Hill? _____

Will financial assistance, available to five day students be needed? Yes ___ No ___

I understand that this application with the accompanying fee opens a file for my child and the application and the fee do not guarantee a space for my child. I further understand that acceptance is determined by my child's visit, the availability of space in the appropriate group, and proper distribution of boys and girls. Enrollment contracts will be issued upon acceptance. Timely receipt of a signed Enrollment Contract, with the accompanying fee, ensures enrollment.

Signature _____ **Date** _____
(Parent or Guardian)

West Hill does not discriminate on the basis of race, color, religious creed, national and ethnic origin in the administration of its admission and educational policies, financial assistance program, and other school administered programs.