



Norwood-Fontbonne Academy

8891 Germantown Avenue
Philadelphia, PA 19118

(215) 247-3811 phone
(215) 247-8405 fax
www.norfon.org

A National Blue Ribbon School of Excellence

APPLICATION FOR ADMISSION

APPLICATION PROCESS

1. Complete and return the application with the non-refundable \$110 fee (\$30 for siblings of currently enrolled students). Please make checks payable to Norwood-Fontbonne Academy.
2. Schedule student visit to campus. *(see website for specific visit requirements)*
3. Have child's teacher complete and return the Confidential Common Recommendation Form. *(if child attends school)*
4. Complete the Release of School Records Form and give to child's current school. *(for applicants to K/ Montessori 5-Yr through Grade 8)*
5. Provide copy of immunization records and birth certificate.

ACCEPTANCE AND ENROLLMENT

Once a student's application is complete, a family can expect an admissions decision by mail within two weeks, ordinarily this begins around December 1. To enroll a child, a \$1,000 non-refundable deposit is required; this deposit is applied to the child's tuition.

For questions regarding our Admissions process, please contact Erin Wallin, Director of Admissions, at (215) 247-3811 ext. 204 or ewallin@norfon.org. A detailed description of the admissions process is on our website at www.norfon.org

Norwood-Fontbonne Academy admits students of any race, religion, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at our school. Similar policies apply to the school staff. The Academy does not discriminate on the basis of race, religion, color, nationality, or ethnic origin in the administration of its educational policies, its admission policies, or in any school administered program.

I verify that the information provided on this application is accurate.

PARENT/ GUARDIAN SIGNATURE _____ DATE _____

APPLICANT INFORMATION

NAME _____
(first) (middle) (last)

DATE OF BIRTH ____/____/____ GENDER MALE FEMALE

REQUESTING ADMISSION FOR SEPTEMBER _____

PRE-PRIMARY: 3YR ____ 4YR ____ KINDERGARTEN 5YR ____

MONTESSORI PRESCHOOL: 3YR ____ 4YR ____ 5YR ____

JUNIOR LEVEL MONTESSORI: JLM 1 ____ JLM2 ____ JLM3 ____

PRIMARY GRADES: 1 2 3

INTERMEDIATE/ UPPER GRADES 4 5 6 7 8

Children should ordinarily be three years old by Sept.1 to be considered for admission to the Montessori preschool and Pre-primary programs. Children should ordinarily be five years old by Sept. 1 for admission to the Kindergarten and Montessori Lunchbunchers program.

HOME ADDRESS _____

CITY, STATE, ZIP _____

PRIMARY FAMILY EMAIL ADDRESS _____

PRESENT SCHOOL _____

CURRENT GRADE LEVEL _____

SIBLINGS _____ AGE _____
_____ AGE _____
_____ AGE _____

IS THE APPLICANT AN NFA SIBLING? Yes No
IF YES, NAME(S), GRADE(S) _____

IS THE APPLICANT RELATED TO A NFA GRADUATE? Yes No
IF YES, WHO _____
GRADUATION YEAR _____

FAMILY INFORMATION

MOTHER/ GUARDIAN 1
FULL NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

HOME PHONE _____

EMAIL _____

CELL PHONE _____

OCCUPATION _____

JOB TITLE _____

EMPLOYER _____

BUSINESS PHONE _____

RELIGION _____

FATHER/ GUARDIAN 2
FULL NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

HOME PHONE _____

EMAIL _____

CELL PHONE _____

OCCUPATION _____

JOB TITLE _____

EMPLOYER _____

BUSINESS PHONE _____

RELIGION _____

HOW WOULD PARENT(S)/ GUARDIAN(S) LIKE TO BE
ADDRESSED IN OFFICIAL SCHOOL MAILINGS?

IF LIVING WITH A GUARDIAN, PLEASE STATE
RELATIONSHIP. _____

IN WHICH SCHOOL DISTRICT DOES STUDENT RESIDE?

PLEASE CIRCLE IF APPROPRIATE:

FATHER DECEASED
MOTHER DECEASED

PARENTS SEPARATED
PARENTS DIVORCED

IF DIVORCED:

JOINT CUSTODY
SOLE CUSTODY WITH

MOTHER FATHER

STUDENT LIVES WITH:

BOTH PARENTS
OTHER

MOTHER
FATHER

NAMES OF STEP-PARENTS _____

APPLICANT BACKGROUND INFORMATION

HOW DID YOU HEAR ABOUT NFA?

WHY ARE YOU CONSIDERING NFA?

EDUCATION

HAS YOUR CHILD RECEIVED ANY SPECIAL
EDUCATIONAL / GIFTED TESTING? Yes No

DOES YOUR CHILD HAVE AN INDIVIDUALIZED
EDUCATION PLAN (IEP)? Yes No
*If yes, documentation must be presented along with the
student's academic records.*

MEDICAL

HAS YOUR CHILD RECEIVED ANY EARLY
INTERVENTION SERVICES? Yes No
*If yes, all documentation must be presented at the time of
enrollment with the student's required medical records.*

DOES YOUR CHILD HAVE ANY SPECIFIC ALLERGIES OR
PRE-EXISTING MEDICAL CONDITIONS?
Yes No

PLEASE SHARE INFORMATION TO HELP US
UNDERSTAND YOUR CHILD'S SPECIAL HEALTH NEEDS.

THANK YOU FOR YOUR INTEREST IN NFA!