



# BALTIMORE LAB

A division of THE LAB SCHOOL OF WASHINGTON®  
2220 St. Paul Street Baltimore, MD 21218  
410/261.5500 • www.labschool.org

## APPLICATION FOR ADMISSION

### NAME AND BACKGROUND INFORMATION OF STUDENT APPLICANT

Date \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Sex of Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

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

Present Grade \_\_\_\_\_ Present School \_\_\_\_\_ Principal \_\_\_\_\_ Teacher \_\_\_\_\_

Address of School \_\_\_\_\_

May we contact them for additional information? \_\_\_\_\_ Name that child prefers to be called in school \_\_\_\_\_

Previous Baltimore Lab regular year applicant? **yes / no**      Previous Baltimore Lab summer session? **yes / no**

### NAME AND ADDRESS OF PARENTS OR GUARDIANS (if information is the same as child write *SAME*)

_____	_____	_____	_____
Father's Name	Age	Mother's Name	Age
_____	_____	_____	_____
Street		Street	
_____	_____	_____	_____
City, State, Zip Code		City, State, Zip Code	
_____	_____	_____	_____
Home Phone		Home Phone	

### PROFESSION OF PARENTS OR GUARDIANS

_____	_____
Father's Profession	Mother's Profession
_____	_____
Place of Employment	Place of Employment
_____	_____
Address	Address
_____	_____
Phone	Phone

### EDUCATIONAL BACKGROUND OF PARENTS OR GUARDIANS

Father \_\_\_\_\_ Mother \_\_\_\_\_

Name of person who referred you to Baltimore Lab \_\_\_\_\_

Name of person who knows the whole family and serve as a reference \_\_\_\_\_

\_\_\_\_\_

Address + ZIP code \_\_\_\_\_ Telephone \_\_\_\_\_

