



BALTIMORE LAB

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

Summer

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 this 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 _____

