## THE SCHILLING SCHOOL FOR GIFTED CHILDREN



8100 Cornell Road Cincinnati, Ohio 45249 513-489-8940

## ENROLLMENT APPLICATION Date of Application \_\_\_\_\_ Grade \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

	Grade M. Birth Date					
udent's Full Name				(Name Preferred by Studer		
				Name Preferred by Studer		
Ident's Home Address Street	City	State	Zip	( Home Telephone Numbe		
mail Address						
olic School District of Current Residence						
her's Full Name		Business Telephone				
ther's Occupation Title		Name & A	ddress of Employ	er		
	Name					
other's OccupationTitle		Name & A	ddress of Employ	er		
ther's/Mother's Home Address (if different from stud	dent)					
varents are separated or divorced, indicate with who	om child lives:					
ternal Grandparents	Address		Zip Code			
ernal Grandparents	Address		Zip Code			
ner Children in the Family (use back if you need mo Name	ore room) Age		School			
es your child have any special needs of which we see back if you need more room)						
w did you find out about The Schilling School for G						

NONDISCRIMINATION POLICY

Signature of Parent or Legal Guardian

The Schilling School for Gifted Children, Inc. recruits and admits students of any race, color, or national or ethnic origin to all the rights, privileges, programs and activities. In addition, the School will not discriminate on the basis of race, color, or national or ethnic origin in administration of its educational policies, scholarships/loans/fee waivers, educational programs and athletics/extracurricular activities. In addition, the School is not intended to be an alternative to court or administrative agency ordered, or public school district initiated, desegregation. The Schilling School for Gifted Children, Inc. will not discriminate on the basis of race, color, sex, age, religion or national or ethnic origin in the hiring of its certified or non-certified personnel.