

Date _____ Signature of Parent / Guardian _____

Please return completed forms and application fee in the envelope provided.

THE GOODEN SCHOOL's mission is to provide a firm educational foundation, using both traditional and progressive approaches. Our nurturing community allows students opportunities to grow in body, mind and spirit, to gain confidence and to discover their unique gifts. We value diversity and promote character development and social responsibility within the tradition of the Episcopal Church. We foster a life-long commitment to learning, to compassion and to service by emphasizing...

Respect for Self, Respect for Others, and Respect for the World.



THE GOODEN SCHOOL admits students of any religion, race, color, national or ethnic origin to all the rights, privileges, programs and activities accorded or made available to students at the school.

FOR OFFICE USE ONLY:

date received _____ copy/data input on _____



THE GOODEN SCHOOL
Application for Admission

192 North Baldwin Avenue • Sierra Madre, California 91024
Phone 626.355.2410 • Fax 626.355.4212

(Please Print or Type)

Child's Name _____ Applying for Grade _____
First Middle Last

Boy _____ Girl _____ Birth Place _____ Birth Date _____

Address _____ Telephone _____

City _____ State _____ Zip _____

Current School _____ Grade _____

School Address _____

Previous Schools _____ Grades Attended _____

PARENT / GUARDIAN INFORMATION

Name _____ Name _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Home Telephone _____ Home Telephone _____

Email Address _____ Email Address _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Business Telephone _____ Business Telephone _____

With whom is the student living? _____

Who is financially responsible for the student? _____

SIBLING INFORMATION

Name _____ Age _____ Current School/Grade _____

Name _____ Age _____ Current School/Grade _____

Name _____ Age _____ Current School/Grade _____

STUDENT INFORMATION
(to be completed by Parent / Guardian)

Child's Name _____
First Middle Last

How did you hear about *The Gooden School*?

Please describe your child's interests, talents, or hobbies.

Describe both the skills and personal characteristics that you would most like to see your child develop while attending *The Gooden School*.
