



**EAGLE
SCHOOL**
EST. 1982 | MADISON, WI

eagleschool.org

5454 Gunflint Trail, Madison, WI 53711
(608) 273-0309

APPLICATION

Child's legal name: _____ Nickname: _____

Date of birth (MM/DD/YY): _____ Gender: _____

Month of proposed entrance to EAGLE School: _____ Proposed grade: _____

School child currently attends: _____ Current grade: _____

School mailing address: _____ School phone: _____

Public School District (*check*): Madison (MMSD) Middleton Oregon Verona other _____

Child lives with (*check all that apply*): mother father stepparent sibling other _____

Parent 1 Name: _____ mother father other _____

Parent 2 Name: _____ mother father other _____

Name of **Other Parent/Guardian**: _____ Relationship to child: _____

Parent/Guardian 1

Home address: _____

Email address: _____ Home phone: _____

Phone 1: _____ cell work Phone 2: _____ cell work

Employer name: _____ Occupation: _____

Employer address: _____

Parent/Guardian 2

Home address: _____

Email address _____ Home phone: _____

Phone 1: _____ cell work Phone 2: _____ cell work

Employer name: _____ Occupation: _____

Employer address: _____

Has child had an individual intelligence test? not yet yes Date of test: _____

Examiner: _____ Phone: _____

Date of application: _____ **A non-refundable application fee of \$50.00 must accompany this form.**

(form revised 11/1/21)

Date received (to be filled in by EAGLE School staff): _____

