



**Wilshire Private School**  
4900 Wilshire Blvd., Los Angeles, CA 90010  
Phone (323) 939-3800 Fax (323) 937-0013  
e-mail: info@wilshireschool.org

## Application for Admission

Welcome to Wilshire Private School! Please complete this application for admission and submit the registration fee to: Wilshire Private School. This application must be accompanied by a non-refundable fee of \$150. Upon receipt of application for admission, we will make arrangements for a personal interview with your child. Depending on grade level, a readiness assessment and/or entrance examination may also be scheduled. Please submit a copy of the student's most recent report card. W.P.S. does not discriminate on the basis of race, color, national or ethnic origin in the administration of its policies.

Application is hereby made for \_\_\_\_\_ for grade level \_\_\_\_\_  
Last First Middle

Child's Age \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Street City Zip

Previous School \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Business Name and Address \_\_\_\_\_ Occupation \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Business Name and Address \_\_\_\_\_ Occupation \_\_\_\_\_ Bus. Phone \_\_\_\_\_

(Please add further information on the back if necessary)

Additional Person(s) to be called in case of emergency \_\_\_\_\_  
Name Relationship Phone

Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

In the event of medical emergency, I hereby give permission to Wilshire Private School administration to secure emergency services, EMT, hospitalization, physician, and treatment and/or to order injection for my child as named above. Notification of parent(s) or above listed person(s) will be made if possible.

Child's Special Interests (music, athletics, etc.) \_\_\_\_\_

Please list any special problems or fears your child may have \_\_\_\_\_

List Siblings and ages \_\_\_\_\_

List Name(s) of Person(s), other than parents, allowed to pick up your child from school:  
\_\_\_\_\_

List Name(s) of any person NOT permitted by court order to pick up your child from school:  
\_\_\_\_\_

I (We) understand that submission of this application does not guarantee acceptance into W.P.S. and that all of the above listed information is true and correct to the best of my (our) knowledge:

\_\_\_\_\_ Date

\_\_\_\_\_ Father's Signature

\_\_\_\_\_ Mother's Signature