

The Scandinavian School



San Francisco

Enrollment Form Danish Playgroup Fall 2005

Child's Name:	Date of birth (mm/dd/yy):			
Address:	Street	City	State	Zip
Home Telephone:	Gender:			
Parent:*	Home Phone:			
	Cell Phone:			
	Email address:			
Parent:*	Home Phone:			
	Cell Phone:			
	Email address:			
*(Or legal guardian may also sign the application.)				

The Scandinavian School in San Francisco admits students of any race, color, national origin, ethnic origin, ethnic group identification, ancestry, sex, sexual orientation, gender, religion, mental disability, physical disability, or medical condition to all the rights, privileges, programs and activities generally accorded or made available to its students. The School shall not discriminate on the basis of race, color, national origin, ethnic origin, ethnic group identification, ancestry, sex, sexual orientation, gender, religion, mental disability, physical disability, or medical condition in: administration of its educational policies, admissions policies, use of facilities or exercise of student privileges, employment of faculty and administrative staff, scholarship or loan programs, and athletic and other school-administered programs. "Medical condition" herein has the meaning provided in California Government Code Section 12926.

Checks should be payable to **The Scandinavian School**. Please mail application to: The Scandinavian School in San Francisco, 20 Woodside Avenue, San Francisco, CA 94127.

I understand that submission of this application does not guarantee admission to the Scandinavian School's core program.

Signature of parent (or legal guardian) _____
Date

Signature of parent (or legal guardian)

For The Scandinavian School use	Date received:
Comments:	