



Student's Name _____ Birth Date _____ Current Grade _____
Please print clearly when completing this form. M ___ F ___

Parent Information

Father
Name _____
Title _____
Address _____
City _____
State _____ Zip _____
Home Phone _____
Cell Phone _____
Work Phone _____
Occupation _____
Employer _____
Email _____

Mother
Name _____
Title _____
Address _____
(If different from father's)
City _____
State _____ Zip _____
Home Phone _____
Cell Phone _____
Work Phone _____
Occupation _____
Employer _____
Email _____

School Currently Attending
Name _____
Address _____
City _____
State _____ Zip _____
School Phone _____
Teacher _____

Awards, Honors, Recognition

Extracurricular Activities

Application Submission

I am interested in enrolling my child at Birchwood School for the fall of _____ in grade _____.

Signature _____
Date _____

- Please return completed form along with the \$25 non-refundable application fee to:
Birchwood School
4400 West 140th Street
Cleveland, Ohio 44135

- Please make checks and money orders payable to: Birchwood School of Hawken.
- For more information please call 216 . 251 . 2321 or visit our website at birchwoodschoool.org

The Birchwood School of Hawken recruits and admits students of any race, color or ethnic origin to all its rights, privileges, programs and activities. In addition, the school will not discriminate on the basis of race, color or ethnic origin in the administration of its educational programs and athletics/extracurricular activities. Furthermore, the school is not intended to be an alternative to court or administrative agency ordered, or public school district initiated desegregation. The Birchwood School of Hawken will not discriminate on the basis of race, color, or ethnic origin in the hiring of its certified or non-certified personnel.