



The Purpose School
One Church Street Stoneham, MA 02180
(781) 438-2815- Phone number and (781) 438-0238- Fax number
Kristie Colwell- Director and Katie Hunt- Assistant Director
Want more info: www.purposeschool.com

Date received by office: _____

- ***Enrollment forms will be accepted any time from Monday, November 24th until Wednesday, November 26th for all returning Families!***

PRE-ENROLLMENT FORM FOR THE PURPOSE SCHOOL

Students must be two years nine months by **SEPTEMBER** to apply for this school year.

Name of Child: _____ Male/Female

Date of Birth: _____

Desired Entrance Date: _____

We are a returning family: _____

.....
Name of Parent(s): 1. _____ and 2. _____

Home Address: _____
(Street, Town, and Zip- please include all information)

Cell Phone: 1. _____ and 2. _____

Email Address: _____

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Child's Name: _____ Age in Sept: _____

The Purpose School has the following school session choices...

My first choice would be for my child to attend 5 4 3 2 days

My second choice would be for my child to attend 5 4 3 2 days

My third choice would be for my child to attend 5 4 3 2 days

If I could choose the days my first choice would be _____ (list days)

If I could choose the days my second choice would be _____ (list days)

If I could choose the days my third choice would be _____ (list days)

Put an X on the days and options that you wish your child to attend!

Can Attend these days!	Monday	Tuesday	Wednesday	Thursday	Friday
School Day 8:30 to 12:00					
School Day Lunch Bunch: 12:00 to 1:00					

*Put an X on the days that your child **CAN NOT ATTEND** school!*

	Monday	Tuesday	Wednesday	Thursday	Friday
My child CAN NOT attend this day!					

Please return this form with your non-refundable enrollment application fee of \$75.00 per student.

Application fee paid _____

Check number _____