



WHERE *Brilliance* BEGINS

### Application for Admission

The non-refundable application fee is \$50.00 per student. Please make check payable to University Lake School.

Name of Student: \_\_\_\_\_  
First Middle Last Nickname

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Ethnicity (reporting purposes only) \_\_\_\_\_

Grade applying for (JK3 – 12<sup>th</sup>): \_\_\_\_\_ Applying for academic school year:  2018-19  2019-20  2020-21

**JK 3 Year Old and 4 Year Old Session Preference: (Please select one)**

JK 3 Year Old Half Day:  2 Day (T/TH)  3 Day (M/W/F)  5 Day

JK 3 Year Old Full Day:  2 Day (T/TH)  3 Day (M/W/F)  5 Day

JK 4 Year Old Program:  5 Day Half Day  5 Day Full Day  5 Day Half Day w/ Full Day option on  MWF or  T/TH

Current School Attending: \_\_\_\_\_ Current Grade: \_\_\_\_\_

**Siblings:**

Name and birth date of applicant's sibling(s):  
Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Parent and/or Legal Guardian Information:**

Father's/Legal Guardian's Full Name:

Mr.  Dr.

\_\_\_\_\_  
Last First Middle Preferred Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Professional Position: \_\_\_\_\_

Employer Address: \_\_\_\_\_

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip Code

Mother's/Legal Guardian's Full Name:

Mrs.  Ms.  Dr.

\_\_\_\_\_  
Last First Middle Preferred Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Professional Position: \_\_\_\_\_

Employer Address: \_\_\_\_\_

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip Code

**Parents' Marital Status:** (Please circle one) Single Married Divorced Divorce Pending Widow(er)

Applicant resides with: \_\_\_\_\_ Father/Mother \_\_\_\_\_ Father Only \_\_\_\_\_ Mother Only \_\_\_\_\_ Mother/Step-parent  
\_\_\_\_\_ Father/Step-parent \_\_\_\_\_ Paternal/Maternal Grandparent(s) \_\_\_\_\_ Legal Guardian

If tuition bill is to be sent to a person other than the applicant's parents, please indicate name and address below:  
\_\_\_\_\_

**Medical Information:**

Does the applicant have any allergies ULS should be aware of ? \_\_\_\_\_

Does the applicant have any special medical or psychological concerns? \_\_\_\_\_

Is applicant taking any prescribed medication? \_\_\_\_\_

**Additional Information:**

Has applicant ever engaged in aggressive or bullying behavior? \_\_\_\_ No \_\_\_\_ Yes

If yes, then please explain: \_\_\_\_\_

Has applicant ever been arrested, detained or cited by the police or juvenile authorities? \_\_\_\_ No \_\_\_\_ Yes

If yes, then please explain: \_\_\_\_\_

Has applicant ever repeated a grade? \_\_\_\_ No \_\_\_\_ Yes

If yes, then what grade(s)? \_\_\_\_\_

Has applicant ever been expelled or requested to withdraw from a school? \_\_\_\_ No \_\_\_\_ Yes

If yes, then please explain: \_\_\_\_\_

Please describe any disciplinary actions at school involving the applicant (suspension, probation, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Does applicant have any special needs or diagnosed learning disabilities? \_\_\_\_ No \_\_\_\_ Yes

If yes, please explain: \_\_\_\_\_

Have you participated in an IEP or 504 process through a school district with your child or has your child been recommended for learning services? \_\_\_\_ No \_\_\_\_ Yes Diagnosis: \_\_\_\_\_

How did you learn about University Lake School? \_\_\_\_\_

Please list any relatives who are attending or have attended University Lake School: \_\_\_\_\_

What passions and gifts, including interests in athletics, fine arts, service, hobbies or other activities does the applicant possess?  
\_\_\_\_\_  
\_\_\_\_\_

**Maternal and/or Paternal Grandparent Contact Information:**

If you would like your child’s grandparents to receive invitations to special events and Annual Giving information, please complete this section.

Maternal Grandparents:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Paternal Grandparents:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Tuition Assistance:**

I would like to request information about the University Lake School Tuition Assistance Program. \_\_\_\_ No \_\_\_\_ Yes

**Statement of Request:**

It is requested that my child be considered for admission to University Lake School. It is understood that any withheld or misrepresentation of information made on this application or information withheld during the admission proces may result in involuntary dismissal of my child at the sole discretion of the school.

\_\_\_\_\_  
Signature of Parent/Legal Guardian Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian Date

**Please make application fee check payable to:**

**University Lake School**

**4024 Nagawicka Road – Hartland, WI 53029 – 262-367-6011 x1455 – Fax: 262-367-3146 [www.universitylake.org](http://www.universitylake.org)**