



Application for Admission

2227 Tenth Avenue East
Seattle, Washington 98102

Office: 206.324.5476
Admission: 206.324.2150
Fax: 206.329.4806
office@bertschi.org

www.bertschi.org

Applying for grade _____ for the _____ school year

Last Name First Name Middle Preferred Name

Date of Birth Sex (M/F)

Family Information

Parents ~ Correspondence will be addressed to Parent 1 unless otherwise indicated.

Name of Parent 1

Name of Parent 2

Spouse's name (if other than Parent 2)

Spouse's name (if other than Parent 1)

Home Address

Home Address

City State Zip

City State Zip

Home Phone

Home Phone

Occupation/Title

Occupation/Title

Employer

Employer

Work Phone

Work Phone

Preferred E-Mail

Preferred E-Mail

Siblings

Name Age Grade School

Name Age Grade School

Name Age Grade School

Bertschi School does not discriminate on the basis of race, color, creed, national or ethnic origin, socio-economic status, gender, sexual orientation or disability.

Applicant's Current School or Program

Name of School

Applicant's Current Grade

School Address

School Phone

School Fax

Teacher's Name

Teacher's E-Mail

Please share the following information with us:

1. A current snapshot of your child engaged in an activity he or she enjoys.
2. Describe any hobbies, interests or experiences that will help us know your child better.

3. What are the most important things you are looking for in a school for your child?

4. Why do you think Bertschi would be a good fit for your son or daughter?

Signature

Signature of Parent or Guardian

Date

This application must be accompanied by a \$75 check made payable to Bertschi School. The fee is non-refundable, and is waived for Financial Aid applicants.

Check here if you would like to receive Financial Aid information.