



**THE CAMPUS  
LABORATORY SCHOOL**  
*of Carlow University*

## APPLICATION FOR ADMISSION

3333 Fifth Avenue · Pittsburgh, PA 15213 · 412.578.615 · [campusschool.carlow.edu](http://campusschool.carlow.edu)

### ADMISSION PROCEDURE

Please return the completed application form with a \$50 non-refundable application fee payable to:

**The Campus Laboratory School of  
Carlow University Admissions**  
3333 Fifth Avenue, Pittsburgh, PA 15213

\*For Early Learning Center application please send to the attention of Director, ELC.

For school year

20\_\_\_\_--20\_\_\_\_

Date of application

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date of application

\_\_\_\_/\_\_\_\_/\_\_\_\_

### PROGRAMS

#### EARLY LEARNING CENTER

- Infant (<1 year)     
  Young Toddler (1-2 years)     
  Older Toddler (2-3 years)  
 Full time (5 days/wk)     
  Part time (3 days/wk)     
  Part time (2 days/wk)     
  M  T  W  Th  F

#### PRESCHOOL

- Reggio-Inspired (3-4 year-olds)     
  Montessori (3-5 year-olds)  
 Full time (5 days/wk)     
  Half Days (5 half days/wk 3-year-olds only)

#### GRADES K-8

- K   
  1   
  2   
  3   
  4   
  5   
  6   
  7   
  8

How did you learn about The Campus Laboratory School or Early Learning Center?

### CHILD INFORMATION

Last Name	First Name	Middle Name	Preferred Name
Home Street Address	City	State	Zip Code
Home Phone	Birthdate (or expected due date for ELC)	Birth Place	
Child's First Language	Other Languages Spoken		
School District of Residence			

#### Schools, preschools, and childcare facilities attended during the past three years:

Name	Address	Grade(s)	Phone Number
Name	Address	Grade(s)	Phone Number

## FAMILY INFORMATION

Parent/Guardian Name (Dr., Mr., Mrs., Ms.)

Home Street Address

City

State

Zip Code

Home Phone

Cell Phone

Email Address

Employer

Occupation

Parent/Guardian Name (Dr., Mr., Mrs., Ms.)

Home Street Address

City

State

Zip Code

Home Phone

Cell Phone

Email Address

Employer

Occupation

### Sibling Information

Name of Sibling

Birthdate

School Attending

Name of Sibling

Birthdate

School Attending

Name of Sibling

Birthdate

School Attending

## ADDITIONAL INFORMATION

Do you have any present or past affiliation with The Campus Laboratory School, Early Learning Center, or Carlow University?

Yes  No

If yes, please specify:

## PARENT OR GUARDIAN SIGNATURE(S)

Signature

Date

Signature

Date

*The Campus Laboratory School and Early Learning Center admit students of any race, color, religion, gender, national, or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. They do not discriminate on the basis of race, color, religion, gender, national, or ethnic origin in the administration of its educational policies, admissions policies, scholarship and loan programs, or athletic and other school administered programs.*