Westtown School
Parent Questionnaire (Applicants for Grades 1-8)

Please attach photo

Applicant Name __________________________________________________________

Grade Applying for: _______ for September _____ Year

We would like your perspective in our effort to get to know your child better. Therefore, we welcome any comments or information you wish to give. To suggest a few topics: What do you hope an educational experience at Westtown will offer your son or daughter? What are your expectations of Westtown? What are your child’s strengths and challenges? Please feel free, however, to briefly write about whatever you choose and attach a separate piece of paper, if needed.
Has your child ever been diagnosed with a learning difference? Yes ___ No ___
If yes, please explain when and, if needed, what action has been taken to help your
student.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
If your child is currently taking medication, please explain what kind and the reason for
taking it. Please add what the diagnosis was and when it was made.
________________________________________________________________________
Has your child ever had a psychological or psychiatric evaluation or ever received
treatment? If yes, please explain.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Please list other schools you are applying to:
________________________________________________________________________
________________________________________________________________________
Signature of Parent/Guardian Relationship                                            Date

Westtown School Admissions Office • 975 Westtown Road • West Chester, PA 19382