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 **Little Keswick School**  
Incorporated  
*A Therapeutic, Special Education Boarding School for Boys*  
www.littlekeswicksschool.net

P.O. Box 24  
Keswick, VA 22947

**APPLICATION FORM**

**Student Information**

Full Name: \_\_\_\_\_

Nick Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

(Please attach recent photo)

**Parent Information**

Full name of father or legal guardian: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_ Name of Business: \_\_\_\_\_

Home telephone number: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Work telephone number: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Home Fax number: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Work Fax number: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Cell number: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

Full name of mother: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_ Name of Business: \_\_\_\_\_

Home telephone number: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Work telephone number: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Home Fax number: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Work Fax number: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Cell number: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

