



Little Keswick School

Incorporated

A Therapeutic, Special Education Boarding School for Boys
www.littlekeswickschool.net

Phone: 434-295-0457
Fax: 434-977-1892

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: _____

