Sudbury Valley School

2 Winch Street • Framingham, MA 01701
508-877-3030 • www.sudval.org

Admission Interview Request

(Return the completed form with a non-refundable $50.00 fee for each child interested in interviewing.)

For each child interviewing:

Name: ______________________________ Date of Birth: ________________

Name: ______________________________ Date of Birth: ________________

Name: ______________________________ Date of Birth: ________________

Name(s) of adults accompanying interviewee: (As a matter of policy, we require both parents or guardians to attend the interview.)

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Address: ____

_________________________________ Telephone number: _________________

Telephone number during day: _______________ Whose number is it? ____________

E-mail address: ______________________________

How did you hear about Sudbury Valley? ____________________________________

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for office use only

Date and time of interview: ____

Fee paid: __________ Date: ____________ Interviewed by: ____________________