

Sudbury Valley School

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

Admission Interview Request

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.)

Address: _____

_____ Telephone number: _____

Telephone number during day: _____ Whose number is it? _____

E-mail address: _____

How did you hear about Sudbury Valley? _____

When would it be convenient for you to come? We arrange interviews between 9AM and 2:30PM on Mondays, Tuesdays, Wednesdays and Fridays; 9AM - noon on Thursdays. Please let us know a few dates and times that would suit you and we will call you to confirm.

for office use only

Date/time of interview: _____ Interviewed by: _____