



SUPPLEMENTAL FORM
Westtown School, #8164

Name of Candidate Yangchicheng Shen

Address Building 82, 577 Huangcuo Road, Siming District

City Xiamen State/Country Fujian Province, China Zip 361005

Age 14 Present Grade 9

Has your child ever had a serious illness, injury or disability? ☒ No ☐ Yes

Is your child presently under medical treatment? ☒ No ☐ Yes

Does your child have any medical or physical restrictions? ☒ No ☐ Yes

Has your child ever had a psychological or psychiatric evaluation or received treatment? ☒ No ☐ Yes

Has your child ever been tested or evaluated for suspected "learning differences/disabilities"? ☒ No ☐ Yes

Has your child ever been separated (dismissed, suspended, etc.) from any school? ☒ No ☐ Yes

If you answered YES to any question above, please explain and use additional paper if necessary: _____

Zhenzhen Yang 1/8/2016

Signature of Parent/Guardian Date

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How did you learn about Westtown School?

Internet web search

If you are a member of the Society of Friends, please note which monthly meeting.

☐ Student/member of Monthly Meeting: N/A

☐ Parent/member of Monthly Meeting: N/A

Relatives of applicant who are now or were previously at Westtown School

N/A Relationship to applicant:

N/A Relationship to applicant:

Sibling Information:

Name/Age: N/A Current School/Grade:

Name/Age: Current School/Grade:

Name/Age: Current School/Grade:

Is your family working with an Educational Consultant? ☒ No ☐ Yes

If YES, please provide the following or attach a business card:

Name

Business Name

Address

City State/Country Zip

Telephone Fax

Email

We give Westtown School permission to contact our educational consultant with questions or updates regarding our child's application.

Zhenzhen Yang

1/8/2016

Signature of Parent/Guardian

Date