



# Admissions Visit Form

*Please complete this form and submit during your family admissions visit with a nonrefundable \$25.00 fee to Diablo Valley School.*

Name(s) and age(s) of the prospective student(s)

---

---

Name(s) and address(es) of adults accompanying prospective student(s):

- As a matter of policy, we require *both* parents or guardians who live in the immediate area to attend the visit.

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

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

---

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

Telephone: \_\_\_\_\_ Telephone during daytime: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

---

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

Telephone: \_\_\_\_\_ Telephone during daytime: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about Diablo Valley School?

---

----- (for office use only) -----

Date and time of meeting: \_\_\_\_\_

Fee Paid: ( ) Date: \_\_\_\_\_ Admissions Committee Member \_\_\_\_\_

Comments: \_\_\_\_\_