



Parents' Independent School Network, Inc.

Membership Application

Applicant Information

School Name:

Address:

City:

State:

ZIP Code:

Website:

Year School was Founded:

Number of Students:

Day, Boarding or Both:

Grades or forms:

Coed, All Boys or All Girls:

Name your Division/s: (Upper, Middle or Lower School)

Does your School have a Parents Association or any form of organized parent involvement? YES NO

School Mission Statement:

Does your School have a policy of non-discrimination? YES NO

Does your school provide some form of scholarship? YES NO

State why your school wants to belong to PIN:

How did you hear about PIN:

Your Name and title:

Your e-mail and Phone number: