

Date of Application _____



Please attach a small photo of student.

APPLICATION FOR ENROLLMENT

This Application must be accompanied by a **\$100 non-refundable fee** to initiate the admission process.

This Application **does not** constitute admission to All Saints' Episcopal Day School.

Pre-admission assessment and / or testing, previous school records, and references are required.

Applying for Admission to Grade: (please check)

- | | | | | | |
|--|--|-----------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> 3K (3 1/2 days) | <input type="checkbox"/> 4K (1/2 days) | <input type="checkbox"/> 5K | <input type="checkbox"/> 1st | <input type="checkbox"/> 3rd | <input type="checkbox"/> 5th |
| <input type="checkbox"/> 3K (5 1/2 days) | <input type="checkbox"/> 4K (full day) | | <input type="checkbox"/> 2nd | <input type="checkbox"/> 4th | <input type="checkbox"/> 6th |

For Academic Year: 09-10 10-11 11-12 12-13

STUDENT'S FULL NAME: _____ Male Female

Preferred Name: _____ Birth date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Student's Social Security #: _____

FATHER'S FULL NAME: _____ Preferred Name: _____

Company: _____

Occupation/Title: _____ Work#: _____ Cell#: _____

MOTHER'S FULL NAME: _____ Preferred Name: _____

Company: _____

Occupation/Title: _____ Work#: _____ Cell#: _____

PARENT(S) or GUARDIAN(S) and SIBLINGS:

Student lives with: Father _____ Mother _____ Stepfather _____ Stepmother _____

Other (please specify): _____

Check any that apply: Father is deceased _____ Mother is deceased _____ Parents are: *divorced* _____ *separated* _____

Siblings presently enrolled at All Saints' (names, grades): _____

Other Siblings (names, grades/ages): _____

Name and address of person to whom bills should be sent:

City: _____ State: _____ Zip: _____

Preferred e-mail address for school correspondence: _____



PRESENT SCHOOL: _____ Grade: _____

Address: _____

Previous schools applicant has attended (include grades completed): _____



Has Student been previously tested for Special Services (speech, learning disabilities, A.D.D., Gifted & Talented, etc.)?

Date: _____ Reason: _____



Have you applied for admission in previous years? _____ Yes _____ No Year(s): _____

Has the applicant ever been enrolled at All Saints'? _____ Yes _____ No Last Year Enrolled: _____

How did you learn about All Saints'? _____

Relatives who have attended All Saints': _____



Religious Affiliation: _____

I ENCLOSE PAYMENT FOR THE APPLICATION FEE OF \$100 WHICH I UNDERSTAND IS NON-REFUNDABLE.

Signature of Parent/Guardian

Date

**All Saints' Episcopal Day School does not discriminate on the basis of sex, race, color, religion, or national origin.
Financial assistance is available.**

Office Use Only: Date Received _____ Received By _____ Amount _____ Ck# _____ Cash _____