



APPLICATION FOR ADMISSION

Today's Date _____

School Year Applying For: 20____ - 20____

Student Information

Student's Name _____ Date of Birth _____

Male Female

Grade Applying For _____

Allergies _____

School History

Current School _____ Current Grade _____

Address _____ Telephone _____

Previous Schools _____ Dates _____

Dates _____

Has this applicant ever been asked to withdraw from or been dismissed from any school?

No Yes If yes, please provide details below.

No Yes ESE Services: If yes, please list program or testing received.

What are your child's special interests or abilities?

Why are you interested in Country Day School for your child?

Does your child exhibit any of the following:

No Yes Speech/language impairment or hearing loss

No Yes Learning, attention or behavioral difficulties

No Yes Heightened sensitivity (bothered by loud noises, etc)

No Yes Medical or neurological diagnoses (i.e., ADHD, Autism Spectrum Disorder, etc.)

If you answered yes to any of the above, please elaborate:

Family Information

Mother or Parent 1 _____

Street Address

City

State

Zip

E-mail _____ Cell _____

Occupation _____ Additional Phone _____

Father or Parent 2 _____

Street Address

City

State

Zip

E-mail _____ Cell _____

Occupation _____ Additional Phone _____

If the student does not live with both parents, with whom does the child maintain a primary residence?

Siblings

Name Age Current School Grade

Name Age Current School Grade

Name Age Current School Grade

Acknowledgement

Parent/Legal Guardian Print Name

Date

Parent/Legal Guardian Print Name

Date

All applicants for admission to Country Day School are considered without regard to race, gender, age, or national origin.