



# 2015-2016 Application Form Country Day School IRB

## Student Information

Date \_\_\_\_\_

Student's Full Name \_\_\_\_\_ Male [ ] Female [ ]

Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Allergies \_\_\_\_\_

Special Interests/Abilities \_\_\_\_\_

## Program Admission

### **Please select one:**

- |                |  |                                      |                                      |                                      |
|----------------|--|--------------------------------------|--------------------------------------|--------------------------------------|
| <b>2 Years</b> | <input type="checkbox"/> 5 Full Days     | <input type="checkbox"/> 5 Half Days | <input type="checkbox"/> 3 Full Days | <input type="checkbox"/> 2 Full Days |
| <b>3 Years</b> | <input type="checkbox"/> 5 Full Days     | <input type="checkbox"/> 5 Half Days | <input type="checkbox"/> 3 Full Days | <input type="checkbox"/> 2 Full Days |
| <b>4 Years</b> | <input type="checkbox"/> *VPK Wraparound | <input type="checkbox"/> *VPK only   | *VPK voucher must be on file         |                                      |

## Family Information

### **Parent/Legal Guardian 1**

Name \_\_\_\_\_

(Street Address 1) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Email \_\_\_\_\_ Cell \_\_\_\_\_

Occupation \_\_\_\_\_ Phone \_\_\_\_\_

### **Parent/Legal Guardian 2**

Name \_\_\_\_\_

(Street Address 2) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Email \_\_\_\_\_ Cell \_\_\_\_\_

Occupation \_\_\_\_\_ Phone \_\_\_\_\_

**Student's primary residence:** Both Parents [ ] Parent/Guardian 1 [ ] Parent/Guardian 2 [ ]

### **Sibling(s)**

(Name/Age) \_\_\_\_\_ (Name/Age) \_\_\_\_\_ (Name/Age) \_\_\_\_\_ (Name/Age) \_\_\_\_\_

## Acknowledgement

\_\_\_\_\_  
(Parent/Legal Guardian Signature)

\_\_\_\_\_  
(Date)

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