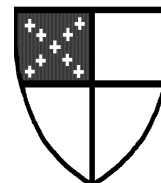


THE EPISCOPAL DAY SCHOOL

34 N Coria St Brownsville, TX 78520-8310
(956) 542-5231 www.EpiscopalDaySchool.net



Date Received _____

Time Received _____

APPLICATION FOR ADMISSION

School Year 2010-2011

Name: _____
Last First Middle Preferred Name

Social Security Number: _____ Sex: Male Female

Applying to grade: _____ Is applicant fluent in the English language? Yes No

Date of birth: _____ Age applicant will be as of September 1, 2010: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Mailing Address (if different): _____ City: _____ State: _____ Zip: _____

Ethnicity (check all that apply):
 African-American Asian/Pacific Islander Caucasian Hispanic Other:

School previously attended: _____

Family Information

Father/Guardian EDS Alumni? Y N **Mother/Guardian** EDS Alumni? Y N

Name: _____ Name: _____

Address (if different from above): _____ Address (if different from above): _____

Home phone: _____ Home phone: _____

Cell phone: _____ Cell phone: _____

Work phone: _____ Work phone: _____

Email: _____ Email: _____

Employer: _____ Employer: _____

Position: _____ Position: _____

Business address: _____ Business address: _____

Social Security Number: _____ Social Security Number: _____

Marital status of Parents:
 Married Divorced Separated Widowed Single Other:

With whom does the applicant reside? _____

Who is financially responsible for tuition and fees? _____

Describe child custody arrangements, health problems, or any special circumstances we need to be aware of:

Siblings at EDS:

Name: _____ Grade: _____ Name: _____ Grade: _____

Other Information

Name of church now attending: _____

Name of child's physician: _____ Phone: _____

Please provide the following information for our Annual Grandparents' Day Invitations.

Paternal Grandparents: EDS Alumni? Y N

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Maternal Grandparents: EDS Alumni? Y N

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Other Names: Relation: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____ EDS Alumni? Y N

FOR OFFICE USE ONLY:

Application Procedures Registration Fee Emergency Contact Day Care Form Birth Certificate Health Card School Records FACTS

APPLICATION PROCEDURES/PROVISIONS FOR NEW STUDENTS

1. This form must be fully completed and submitted with a NON - REFUNDABLE \$400.00 registration fee, a copy of the applicant's birth certificate, a completed health card (supplied by the school and filled out and signed by the child's doctor), Emergency Contact Form, a Tuition Payment Preference Form, and a Day Care form.
 2. If applicant is not admitted due to unsatisfactory performance on the entrance examination, \$200.00 of the registration fee will be refunded.
 3. 5K - 6th grade applicants must be proficient in the English language and perform satisfactorily on the entrance examination.
 4. Applicant must provide satisfactory records from the previously attended school, if applicable.
 5. All students entering our 3K program must be 3 years of age by September 1st and toilet-trained.
 6. Enrolled students will be given priority upon registration for the following school year if they meet the academic standards of the school, conform to the regulations and customs of the Episcopal Day School, cooperate with the school, and have cleared all fees and charges.
-

APPLICATION PROCEDURES/PROVISIONS FOR RETURNING STUDENTS

1. This form must be fully completed and submitted with a NON - REFUNDABLE \$150.00 registration fee, Emergency Contact Form, Tuition Payment Preference Form, and a Day Care form.
The remaining \$150.00 NON-REFUNDABLE materials fee is due by May 1st.
 2. All tuition and fees must be current at the time of application.
 3. Enrolled students will be given priority upon registration for the following school year if they meet the academic standards of the school, conform to the regulations and customs of the Episcopal Day School, cooperate with the school, and have cleared all fees and charges.
-

I have read and fully understand the rules and regulations as set forth in the Parent/Student Handbook, and I fully understand that the school reserves the right to insist upon the immediate withdrawal of any student whose presence in the school is considered detrimental either to the students or to the school's best interest, whose accounts receivable are in arrears according to EDS policy, or whose required records are not up-to-date. I also understand that I have a financial commitment to EDS, regardless of absence, withdrawal, or dismissal.

Please check if you are interested in applying for Financial Aid.
(Application instructions will be e-mailed at a later date.)

_____ Please initial here to acknowledge that regular School correspondence such as Newsletters and Office news/notices will be e-mailed to the address(es) that you have provided.

Father's/Guardian's Signature Date

Mother's/Guardian's Signature Date

All information submitted on this Application for Admission will be treated confidentially. False or misleading information, if later revealed as such, constitutes grounds for dismissal.

The Episcopal Day School admits qualified students of any race, color, creed, national, or ethnic origin, and sex to all the rights, privileges, programs, and activities generally accorded or made available to students at the School. EDS does not discriminate on the basis of race, color, creed, national or ethnic origin, or sex in the administration of its educational policies, admissions policies, financial aid program, and athletic or other school-administered programs.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. THANK YOU.