



Today's DATE: \_\_\_\_\_

**PLEASE PRINT**

<b>Student's Name</b> (First, Middle, Last):			<b>Gender (Circle One):</b> Male    Female		
<b>Preferred First Name:</b>			<b>Applying for Grade: (Check/Circle One) In 20__</b> Preschool (3 year old) - 3 day ____ 5 day ____ Pre-Kindergarten (4 year old) - 5 day half-day ____ 5 day full-day ____ K, Pre1 <sup>st</sup> , 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> , 6 <sup>th</sup> , 7 <sup>th</sup> , 8 <sup>th</sup>		
<b>Date of Birth</b> (Month/Day/Year):    /    /		<b>Age (on September 1 of entering year)</b> Years:    Mos:			
<b>Father's Name:</b>			<b>Mother's Name:</b>		
Home Address:			Home Address:		
City:	State:	Zip:	City:	State:	Zip:
Telephone: (    )	Cell #:		Telephone: (    )	Cell #:	
Email:			Email:		
Religious Preference:			Religious Preference:		
Place of Employment/Occupation:			Place of Employment/Occupation:		
Business Address:			Business Address:		
City:	State:	Zip:	City:	State:	Zip:
Telephone: (    )			Telephone: (    )		
If the applicant's parents are separated or divorced, with whom does the child live?					
Applicant's Social Security Number:					
List names and ages of applicant's siblings:					
Languages(s) spoken at home:			% of the time:		
Applicant's Present School:			Principal/Head:		
Address:		City:	State:	Zip:	
Date of Entrance:			Present Grade:		
Relatives or friends who have attended All Saints Episcopal School:					
How did you hear about All Saints Episcopal School:					
For applicants in grades K-8 <sup>th</sup> only: will the applicant be applying for Financial Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No					

*"All Saints Episcopal School is committed to providing a classical education for the whole child, recognizing that each has different gifts, talents, and abilities, while challenging the mind and body and nurturing the spirit. All children who come to us will develop a foundation of academic skills, spiritual awareness, and self-worth that enables them to become intellectual and social contributors to the world."*

Does your child have any severe allergies? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If so, please list:

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Is child completely potty trained? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has diagnostic testing been recommended? \_\_\_\_\_ Yes \_\_\_\_\_ No  
By whom? \_\_\_\_\_

If yes, was diagnostic testing completed? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Date completed: \_\_\_\_\_

**A COPY OF THE TEST RESULTS MUST ACCOMPANY THIS APPLICATION.**

*Please help us know your child better by completing the following questions:*

1. What descriptive words or phrases come to mind in thinking of your child?

2. What are your child's greatest strengths?  
a. Academically?

b. Socially?

3. What are areas of growth for your child?

I understand that withholding or misrepresenting information requested in this application may jeopardize admission or enrollment at All Saints Episcopal School. My signature below indicates that all information contained in this application is correct, complete and honestly presented.

*The undersigned grants All Saints School permission to request and receive confidential information regarding the applicant and to retain such material in the applicant's file.*

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Please return this form with a non-refundable fee of \$50.00. Please make your check payable to All Saints Episcopal School and return it with this application in the enclosed self-addressed envelope.**

*All Saints Episcopal School admits students of any race, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school.*