

# APPLICATION FOR NON-STANDARD ADMISSION

Applicants for Grades PK-12

For office use only: Date of Application _____ Time of Application _____ Received by _____
---



Lower School  
Middle School  
Upper School

Applying for Academic Year \_\_\_\_\_ - \_\_\_\_\_ Applying for Grade \_\_\_\_\_

Reason for this request \_\_\_\_\_

---

## APPLICANT INFORMATION

Full Name of Applicant \_\_\_\_\_  
*last first middle (preferred name)*

Telephone (\_\_\_\_) \_\_\_\_\_ Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Birthdate \_\_\_\_\_ SSN \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Religious Affiliation \_\_\_\_\_ Home Church \_\_\_\_\_

---

## FAMILY INFORMATION

### Father:

Name \_\_\_\_\_

Current/Temporary Address \_\_\_\_\_  
\_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Employer/Company Name \_\_\_\_\_

Position/Title \_\_\_\_\_

Business Address \_\_\_\_\_

Business Telephone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

### Mother:

Name \_\_\_\_\_

Current/Temporary Address \_\_\_\_\_  
\_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Employer/Company Name \_\_\_\_\_

Position/Title \_\_\_\_\_

Business Address \_\_\_\_\_

Business Telephone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

---

### Additional Contact Information: Local

Contact Name \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Phone Numbers (\_\_\_\_) \_\_\_\_\_

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

Email \_\_\_\_\_

### Additional Contact Information: Non-Local

Contact Name \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Phone Numbers (\_\_\_\_) \_\_\_\_\_

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

Email \_\_\_\_\_

\* Episcopal will make every effort to contact you using the information provided on this application. However, the school will not be responsible for delays in the admissions process if we are unable to reach you.

**FAMILY INFORMATION** *(Continued)*

Relatives who have attended Episcopal include:

<i>Name</i>	<i>Relationship</i>	<i>Dates Attended</i>	<i>Graduation Date</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list the names of siblings below:

<i>Name</i>	<i>Grade</i>	<i>Current School</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SCHOOL INFORMATION**

Present School \_\_\_\_\_ Grade \_\_\_\_\_

Dates of Enrollment: From \_\_\_\_\_ To \_\_\_\_\_

Has the applicant previously attended Episcopal? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what year? \_\_\_\_\_

**In order for us to better serve the needs of your child, please complete the following:**

Has your child ever had an educational, psychological or neurological evaluation? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have any health issues or physical limitations that may impact his/her educational experience at Episcopal? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your child ever been suspended or expelled from school? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes to any of the above, please explain: \_\_\_\_\_

**NON-STANDARD ADMISSIONS CHECKLIST**

- Application
- Transcript from student's current school
- Student's most recent report card
- Standardized test scores
- Immunization record
- Health record signed by physician within previous 12 months
- Current schedule for Middle and Upper School students

I have reviewed the parent and applicant portions of this application and certify that no information concerning the applicant and his/her academic and disciplinary record has been withheld or misrepresented. I understand that the inclusion of false information or omission of information will require a re-evaluation of the student and may be considered grounds for dismissal.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_