

GRACE EPISCOPAL DAY SCHOOL



APPLICATION FOR MIDDLE SCHOOL ADMISSION

School Year _____

Please circle grade for which you are applying: **6th Grade** **7th Grade** **8th Grade**

Please complete all of the information and return to the Admissions Director at our Silver Spring Campus

STUDENT'S NAME: _____
(Last) (First) (Middle)

Preferred / Nickname: _____ **Gender:** Male Female

Home Address: _____
(Address) (City) (State) (Zip)

Applicant resides with (check all that apply) Father Mother Domestic Partners Stepfather Stepmother
 Grandparents Other

Home Phone: _____ **Birth Place:** _____ **Birth Date:** _____ **Citizenship:** _____
(Mo./Day/Yr.)

Ethnic Background (Optional) *We report this information to professional organizations for statistical data only. Not answering will in no way affect the admission decision. Please indicate how you would like your student to be classified.*

African American Asian American Caucasian Middle Eastern American
 Native American Latino/Hispanic Multiracial Other

Current School: _____

School Address: _____

STUDENT APPLICANT SHOULD COMPLETE THIS SECTION:

1. In which extracurricular activities do you enjoy participating? _____

2. What are some of your interests outside of school? _____

PARENTS COMPLETE THIS SECTION:

Married Domestic Partners Single Separated Divorced Father is deceased Mother is deceased
 Other

Mr. Ms. Mrs. Dr. Other _____

Mr. Ms. Mrs. Dr. Other _____

Parent / Guardian: _____

Parent / Guardian: _____

Home Address: _____
(Street)

Home Address: _____
(Street)

(City) (State) (Zip)

(City) (State) (Zip)

Home phone _____ **Home email** _____

Home phone _____ **Home email** _____

Cell Phone: _____

Cell Phone: _____

Religious Affiliation: _____ **Church:** _____

Religious Affiliation: _____ **Church:** _____

Employer: _____

Employer: _____

Occupation / Title: _____

Occupation / Title: _____

Work Address: _____

Work Address _____

Work phone _____ **Work email** _____

Work phone _____ **Work email** _____

Person(s) responsible for tuition: _____

Address if different from above: _____

Siblings: _____ (name/age) _____ (name/age) _____ (name/age)

How did you learn about Grace Episcopal Day School? _____

It is understood that parents/guardians will support a positive relationship with Grace Episcopal Day School.

Parent or Guardian Signature _____

Grace Episcopal Day School does not discriminate on the basis of race, national or ethnic origin, religion, gender, disability, or sexual orientation in the administration of its education programs, admission policies, employment practices, financial aid programs, or any other school programs or activities.

A NON-REFUNDABLE APPLICATION FEE in the amount of \$75 payable to Grace Episcopal Day School should accompany this application. Please mail to: Grace Episcopal Day School * Office of Admission * 9115 Georgia Avenue * Silver Spring, MD 20910
* Phone: 301-585-3513 * www.geds.org