

# GRACE EPISCOPAL DAY SCHOOL



## APPLICATION FOR PRESCHOOL – 5<sup>TH</sup> GRADE ADMISSION

School Year \_\_\_\_\_

Please circle grade for which you are applying: **3 Day 3 Year Olds** (9:00-12 noon)    **5 Day Half Day 3 Year Olds** (9:00-12 noon)    **5 Day Full Day 3 Year Olds** (9:00-3:00)

**Half-Day 4 Year Olds** (9:00-12 noon)    **Full-Day 4 Year Olds** (9:00-3:00)    **Kindergarten** (9:00-3:00)

**Grades: 1 2 3 4 5** (8:45-3:15)

Circle your interest in a fee-based Extended Day Program: **Before School Care**    **After School Care**

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

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**CHILD'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

**School child currently attends:** \_\_\_\_\_

**Siblings:** \_\_\_\_\_ (Name / Age)    \_\_\_\_\_ (Name / Age)    \_\_\_\_\_ (Name / Age)

**How did you learn about Grace Episcopal Day School** \_\_\_\_\_

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**PARENTS:**  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:** \_\_\_\_\_

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

**Parent or Guardian Signature** \_\_\_\_\_  
(Parent or Guardian) (Date)

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](http://www.geds.org)