

GRACE EPISCOPAL DAY SCHOOL



APPLICATION FOR PRESCHOOL – 5TH GRADE ADMISSION

School Year _____

Please circle grade for which you are applying: **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)

If you are interested in a fee-based Extended Day Program please circle all that apply: **Before School Care** **After School Care**

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

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