



EPISCOPAL DAY SCHOOL

Our mission at the Episcopal Day School is to provide a strong foundation for life long learning in a Christian community that treasures courage, leadership and excellence.

340 E. Massachusetts Avenue, Southern Pines, NC 28387

910-692-3492 Phone 910-692-7914 Fax

www.episcopalday.org Web Site

eds@episcopalday.org Email

APPLICATION and CONTRACT FOR ADMISSION

A non-refundable \$100 application fee and \$400 advance tuition deposit must accompany this form.

Applicant's Full Name _____ SS# _____

Preferred Name or Nickname _____ Phone# _____

Mailing Address _____

Street Address _____ Email _____

City _____ State _____ Zip _____

Applying for the school year _____ in the _____ grade.

Full Day _____ *Half Day _____ Date of Birth _____

(*available to 3 & 4 year old children only)

Male _____ Female _____ Country of birth _____

Names of parents(s) or guardian(s) with whom student is living:

Both _____ Mother _____ Father _____

Guardian/Other (specify) _____

Street Address (other than above) _____

City _____ State _____ Zip _____

Email _____ Phone _____

Father's Name _____ Occupation/Title _____

Business Address _____ Email _____

City _____ State _____ Zip _____

Phone _____ Cell Phone _____

Mother's Name _____ Occupation/Title _____

Business Address _____ Email _____

City _____ State _____ Zip _____

Phone _____ Cell Phone _____

If parents are separated or divorced, who has legal custody?

Mother _____ Father _____ Both _____

Correspondence should be mailed to: Mother _____ Father _____ Both _____

Names of Brothers and Sisters	Age	School

Names and Addresses of Grandparents (please include zip codes)

Names of Family Members or Relatives who have attended or are currently attending EDS

What hobbies or special interests does your child have?

Has the Applicant ever received formal testing for academic/behavioral issues? _____

If yes, when? where? what specific kind of testing? Reasons for testing?

Has the Applicant ever been dismissed or required to withdraw from any school for academic or disciplinary reasons? Yes _____ No _____

(if yes, please explain)

PARENT OR GUARDIAN STATEMENT

To best help meet your child's needs, please share any additional information concerning behavioral, emotional, academic, medical or physical problems your child has experienced.

Your signature indicates your willingness to support the enforcement of the Policies and Procedures of the Episcopal Day School. It is agreed that once the child has been accepted and is in attendance in any given school year, the parents (or guardian) are obligated for a full year's tuition. Advance tuition and registration fees are not refundable. Legitimate reasons for withdrawal will be reviewed.

Your signature also indicates that you will purchase tuition insurance provided by Dewar. This insurance is required for all children except those who utilize the one pay option. This insurance protects all parties involved.

Parent or Guardian Signature _____ Date _____

Headmaster Signature _____ Date _____

Episcopal Day School reserves the right to withhold the admission decision until the office receives an official transcript (if applicable) from the applicant's current school. Therefore, parents should either ask the applicant's current school to send an official transcript directly to Episcopal Day School, or, sign a transcript release form that enables our office to obtain an official transcript from the applicant's current school.

Episcopal Day School does not discriminate on the basis of race, color, religion, national origin or disability in the administration of admission, financial aid, educational, hiring or any other school administered policies or programs.

Please return this completed form along with the non-refundable \$100 application fee and non-refundable \$400 advance tuition deposit to the school office.

Office Use Only

Date Rec'd _____ Ck# _____ \$ _____

New _____ Return _____ Sibling _____

