



**EPISCOPAL  
DAY SCHOOL**  
*Engaging the Mind, Body & Spirit*

**Application for Admission**

Applicant's Full Name: \_\_\_\_\_

Preferred Name or Nickname: \_\_\_\_\_

Applying for the school year \_\_\_\_\_ in the \_\_\_\_\_ grade.

If this is an applicant for the Early Childhood Program (ECP), which of the following options, are you seeking?

Early Preschool Half Day Only (Older 2/Young 3)    3 Days (MWF)                       2 Days (TT)

Preschool 3 year old (M-F)                      Half Day                       Full Day

Preschool Mixed 3 / 4 year old (M-F)                      Half Day                       Full Day

Kindergarten Prep 4 / 5 year old (M-F)                      Full Day Only

Date of Birth: \_\_\_\_\_

Gender:    Male     Female

Applicant's Home Address:

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

Applicant's Mailing Address (if different than above):

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

Please list any schools attended, and years of attendance:

\_\_\_\_\_  
\_\_\_\_\_

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

Mother \_\_\_\_\_ Father \_\_\_\_\_ Shared \_\_\_\_\_

*(Upon enrollment details of a shared custody arrangement must be provided to the EDS administrative office)*

The applicant lives with (check the appropriate line):

Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Guardian/Other \_\_\_\_\_

Name of Guardian/Other (specify) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation/Title: \_\_\_\_\_

Employer Name: \_\_\_\_\_

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

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

Cell Phone \_\_\_\_\_ Work/Alt. Phone \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation/Title: \_\_\_\_\_

Employer Name: \_\_\_\_\_

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

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

Cell Phone \_\_\_\_\_ Work/Alt. Phone \_\_\_\_\_

How should correspondence to you be addressed? (Example: Mr. and Mrs., Dr., Ms., LTC etc.)

\_\_\_\_\_

Family's Military Status: Active Duty  Reserves  Retired  Veteran  N/A

Names of Applicant's Siblings: Age School

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies or Medical Conditions (please attach Medical Action Plan)

\_\_\_\_\_

\_\_\_\_\_

Names of family members or relatives who have attended, or are currently attending EDS.

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Has the applicant ever received formal testing for academic and/or behavioral issues (example: IEP or Psych Eval)? Yes  No  If yes, when? \_\_\_\_\_ What specific kind of testing was it? (Please submit a copy of the test results for your child's file, or request that a copy be sent to EDS.)

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Has the applicant ever been dismissed, or required to withdraw, from a school for academic and/or disciplinary reasons? Yes  No  If yes, please attach explanation.

To meet your child's needs at EDS, please share any additional information concerning behavioral, emotional, academic, medical or physical challenges he or she has experienced. This information is very important and will increase the likelihood that we will be successful working with your child.

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Do you have any specific concerns in one or more of these areas? Do you have any other concerns?

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Emergency Contact List (non-parental):

Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_

Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_

Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_

PARENT OR GUARDIAN STATEMENT

Your signature indicates, on formal acceptance, your willingness to support the enforcement of the policies and procedures of the Episcopal Day School. Furthermore, it is agreed that once your 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. Finally, you understand that enrollment deposits and application fees are not refundable.

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

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

Episcopal Day School reserves the right to withhold an admission decision until the office receives an official transcript (if applicable) from the applicant’s current school. Parents should either ask the applicant’s current school to send an official transcript directly to Episcopal Day School or sign a release of records form that enables our office to obtain an official transcript and records 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 \$50 application fee. Upon acceptance, an enrollment deposit of \$250 will be due in the main office to hold the place in the class until the commencement of school.

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**Our Mission**

Our mission is to provide a strong foundation for lifelong learning by engaging the mind, body, and spirit in a nurturing community grounded in Episcopal history, tradition, and identity.

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**\*\*\*\* For Office Use Only \*\*\*\***

Date Received \_\_\_\_\_ Payment Received \_\_\_\_\_ Records Requested \_\_\_\_\_  
Records Received \_\_\_\_\_ Assessment Performed \_\_\_\_\_ Acceptance Yes  No   
Enrollment Date \_\_\_\_\_ Is Applicant a Sibling? Yes  No

Administration Signature \_\_\_\_\_

**Episcopal Day School**  
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