



EVANSVILLE DAY SCHOOL

INDICATE YOUR PREFERENCE:

JPK

- Monday –Wednesday-Friday
- Tuesday – Thursday
- Monday through Friday
- Half Days (8-12)
- Full Days (8-3)

PK

- Half Days (8-12) or Full Days (8-3)

Application for Admission

STUDENT NAME _____
First Middle Last

Date of Birth _____ Birthplace _____ Boy _____ Girl _____

Ethnicity: Asian or Pacific Islander _____ Black/Non Hispanic _____ Hispanic _____

Middle Eastern _____ Multiracial _____ White/ Non Hispanic _____

Other (please specify) _____

Country of Origin: Parents _____ Child _____

What is the native language of the student? _____

What language(s) is spoken most often by the student? _____

What language(s) is spoken by the student in the home? _____

What is the primary language spoken by others in the home? _____

Applying for Grade _____ Beginning _____ Social Security # _____

Present School & Address _____

Number of years in present school _____ Present grade _____

Has applicant skipped any grades? _____ Repeated? _____

Parent's/Guardian's Full Name _____ Parent's/Guardian's (If Different) Full Name _____

Relationship to student _____ Relationship to student _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Home Phone _____ Home Phone _____

E-Mail _____ E-Mail _____

Place of Employment _____ Place of Employment _____

Business Phone _____ Business Phone _____

Position of Employment _____ Position of Employment _____

Other children in family?

NAME	BIRTHDATE	PRESENT SCHOOL
_____	_____	_____
_____	_____	_____

How did you hear about EDS? _____

Will you be applying for financial aid? _____ Yes _____ No

(Financial aid is not available for Jr.PreK or PreK.)

Does student have or has he/she ever had any physical or psychological concerns of which we should be aware? Please describe briefly these concerns or any other concerns that have affected or may affect school performance (e.g. health, allergies, academic challenges, behavioral issues, medication). Give dates whenever possible.

This application is not considered complete until transcripts/records, Teacher Reference and the Parent Questionnaire have been submitted.

Have records been requested? ___ Yes ___ No Date _____

(If needed, Request for Records form is available from Admission office.)

A non- refundable fee of \$30.00 must accompany this application.

Application and admission is made with the understanding that Evansville Day School reserves the right to request withdrawal of a student whose family fails to disclose personal and/or academic information that impacts the educational environment, does not meet the academic requirements or whose conduct or attitude is believed to be detrimental to the welfare of Evansville Day School.

Further, in accordance with the Family Educational Rights and Privacy Act, I waive my right to review letters of reference and/or evaluations provided to support this application for admission.

I wish to apply for admission of my son/daughter _____

Name

in the _____ grade to begin in _____

Specify Month, Year

Date

Signature of Parent or Guardian

This application is merely a statement of intent, not a contract. A formal contract must be signed after the applicant is accepted for admission.

*Evansville Day School is accredited by the Independent Schools Association of the Central States (ISACS) and is a member of the National Association of Independent Schools (NAIS).

Evansville Day School is an academic community, whose doors are open to all students without regard to race, religion, sex or national origin.

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