



ST. ALBAN'S EPISCOPAL DAY SCHOOL
APPLICATION FOR ADMISSION
 18 Months (walking) Through 6th Grade

Brooke Newman
 Head of School
Alicia Forshage
 Assistant Head of School

Application Date: _____ School Year: _____ Start Date: _____

(circle one) (circle one)
 Preschool Level: _____ Half or Full Day _____ 2D - 3D - 5D _____ Grade Level: _____

NEW STUDENTS ONLY Were you referred by a StA parent? If so, please print their name: _____

Former Parent Website Other: _____

Student's First Name: _____ Middle: _____ Last: _____

Nickname: _____ Date of Birth: / / _____ Gender: Male | Female _____ Language Spoken at Home: _____

Student's Address: _____

City: _____ State: _____ Zip: _____ Home Phone Number: _____

Previous Schools: _____ Public School Zone: _____

Reasons for Leaving Previous School: _____

Siblings (ages): _____ Alumni/Class: _____

Place of Worship: _____

Religion: _____

ETHNICITY: Anglo/Caucasian (other than Hispanics) Anglo/Caucasian (Hispanics)
 African American Asian Middle Eastern Native American Other

PARENTS: Marital Status: _____ If Divorced, Who Has Custody? _____

Parents' Mailing Salutation: Mr. & Mrs. _____

FATHER: First Name: _____ Middle: _____ Last: _____

Address (if different): _____

City: _____ State: _____ Zip: _____ Home Phone Number: _____

Mobile Number: _____ Email: _____

Employer: _____ Position: _____

Employer Address: _____

City: _____ State: _____ Zip: _____ Work Phone Number: _____

Work Mobile Number: _____ Work Email: _____

MOTHER: First Name: _____ Middle: _____ Last: _____

Address (if different): _____

City: _____ State: _____ Zip: _____ Home Phone Number: _____

Mobile Number: _____ Email: _____

Employer: _____ Position: _____

Employer Address: _____

City: _____ State: _____ Zip: _____ Work Phone Number: _____

Work Mobile Number: _____ Work Email: _____

	PATERNAL GRANDPARENTS (father)	MATERNAL GRANDPARENTS (mother)
Names		
Mailing Address		
City/State/Zip		
Home Phone		
Cell Phone		
Email		

Check here if the grandparents' information is for office use only (NO MAILINGS)

My child has the following allergies:

Child's Physician: _____ Phone Number: _____

Physician's Address: _____

In the event the parent/s can not be reached for emergency medical attention, I authorize the Head of School or person in charge to take my child to the following hospital:

Valley Baptist Medical Center | 2101 Pease St. | Harlingen, TX | 389-1100

Harlingen Medical Center | 5501 S. Expressway 77 | Harlingen, TX | 365-1000

Other: _____

PERSON TO CALL IN CASE OF EMERGENCY (OTHER THAN PARENTS):

Name: _____ Relationship to Child: _____

Physical Address: _____

City: _____ State: _____ Zip: _____ Home Phone Number: _____

Mobile Number: _____ Work Phone Number: _____

NOTE: STUDENTS WILL ONLY BE RELEASED TO THE PERSONS LISTED ON THE "AUTHORIZATION TO RELEASE" FORM

TODDLER AND 2s MUST COMPLETE:

TRANSPORTATION

I hereby **GIVE** **DO NOT GIVE** consent for my child to be transported and supervised by the operations employees:

FOR EMERGENCY CARE **ON FIELD TRIPS**

FIELD TRIPS

I hereby **GIVE** **DO NOT GIVE** consent for my child to participate in field trips.

WATER ACTIVITIES

I hereby **GIVE** **DO NOT GIVE** consent for my child to participate in water activities:

SPRINKLER PLAY **SPLASHING/WADING POOLS** **SWIMMING POOLS** **WATER TABLE PLAY**

RECEIPT OF WRITTEN OPERATIONAL POLICIES

I acknowledge receipt of the facilities operational policies including those for discipline and guidance

LUNCH

I understand that lunch will not be served to my child while in care. All meals will be provided by the parents or purchased from current food service provider.

Signature _____

St. Alban's admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.