

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

Tracy Lamon Head of School Cindy Hardwich Director of Admissions

Application Date:	School Year:	Start Date:
Preschool Level:	(circle one) Half or Full Day	(circle one) 2D - 3D - 5D Grade Level:
NEW STUDENTS ONLY Were you referred	by a StA parent? If so, pl	ease 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:	Pu	blic School Zone:
Reasons for Leaving Previous School:	1	The state of the s
Siblings (ages):	0.01	Alumni/Class:
Place of Worship:		
Religion:	2125 CO TO CO TO CO	STATE OF THE STATE
ETHNICITY: Anglo/Caucasian (other that		
PARENTS: Marital Status:	If Divorced	l, Who Has Custody?
Parents' Mailing Salutation: Mr. & Mrs.		
FATHER: First Name:	Middle:	Last:
See Sensi on	Middle:	Last:
	100 1 Color (100 100 100 100 100 100 100 100 100 10	Last:  Home Phone Number:
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Address (if different):  City: State:  Mobile Number:	Zip:	Home Phone Number:
Address (if different):  City: State:  Mobile Number:  Employer:	Zip:	Home Phone Number:
Address (if different):  City: State:  Mobile Number:  Employer:  Employer Address:	Zip: Email:	Home Phone Number:  Position:  Work Phone Number:
Address (if different):  City: State:  Mobile Number:  Employer:  Employer Address:  City: State:	Zip: Email: Zip:	Home Phone Number:  Position:  Work Phone Number:
Address (if different):  City: State:  Mobile Number:  Employer:  Employer Address:  City: State:	Zip: Email: Zip: Work Emai	Home Phone Number:  Position:  Work Phone Number:
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Address (if different):  City: State:  Mobile Number:  Employer:  Employer Address:  City: State:  Work Mobile Number:  MOTHER: First Name:  Address (if different):	Zip: Email: Zip: Work Emai	Home Phone Number:  Position:  Work Phone Number:
Address (if different):  City: State:  Mobile Number:  Employer:  Employer Address:  City: State:  Work Mobile Number:  MOTHER: First Name:  Address (if different):	Zip: Email:  Zip: Work Email  Middle:  Zip:	Home Phone Number:  Position:  Work Phone Number:  I:  Last:
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Address (if different):  City: State:  Mobile Number:  Employer:  Employer Address:  City: State:  Work Mobile Number:  MOTHER: First Name:  Address (if different):  City: State:  Mobile Number:  Employer:  Employer:	Zip: Email:  Zip: Work Email  Middle:  Zip: Email:	Home Phone Number:  Work Phone Number:  Last:  Home Phone Number:

	PATERNAL GRANDPAREN	NITE (father)	MATERNAL CRANDDADENTS (modern)
	PATERNAL GRANDPAREN	NTS (rather)	MATERNAL GRANDPARENTS (mother)
Names			
Mailing Address			
City/State/Zip			
Home Phone			
Cell Phone			No.
Email			
Check here if the grand	parents' information is for o	ffice use only (NO MAIL	INGS)
My child has the following	allergies:		
hild's Physician:			Phone Number:
hysician's Address:			
	can not be reached for e	emergency medical at	tention, I authorize the Head of School or person in
harge to take my child	o the following hospital:	:	
	Center   2101 Pease St. eter   5501 S. Expressway 7		
Other:		, , , , , , , , , , , , , , , , , , , ,	
1 Other.			
PERSON TO CALL IN CAS	E OF EMERGENCY (OTHER	R THAN PARENTS):	
		AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	
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lame:			Relationship to Child:
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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.

Amended 6/28/18