



## Application for Admission

For Office Use Only

Date Received \_\_\_\_\_  
Fee Received \_\_\_\_\_  
Status \_\_\_\_\_  
Other \_\_\_\_\_

Full Name of Applicant \_\_\_\_\_ Prefers to be called \_\_\_\_\_

Sex \_\_\_\_ SSN \_\_\_\_\_ Birth Date \_\_\_\_\_ Current Age \_\_\_\_\_

Child's Primary Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Primary Cell Phone \_\_\_\_\_ Primary Cell Service Provider \_\_\_\_\_

Circle the grade for which applicant is requesting admission.

Preschool 3 • Junior Kindergarten • Kindergarten • 1<sup>st</sup> • 2<sup>nd</sup> • 3<sup>rd</sup> • 4<sup>th</sup> • 5<sup>th</sup>

### Parents and Immediate Family

Father (Mr., Dr.) \_\_\_\_\_

Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Cell Service Provider \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Business Telephone \_\_\_\_\_

Preferred Email Address \_\_\_\_\_

Mother (Mrs., Ms., Dr.) \_\_\_\_\_

Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Cell Service Provider \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Business Telephone \_\_\_\_\_

Preferred Email Address \_\_\_\_\_

St. Peter's communicates with parents through a variety of methods such as emails, phone calls, website, and text messages. The school will add the cell phone numbers, the cell service providers, and the preferred email addresses to its database for the purpose of contacting families.

If mother works outside the home, who is responsible for child's care while mother is unavailable? \_\_\_\_\_

List the names of siblings

- Name \_\_\_\_\_ Birth Date \_\_\_\_\_ School \_\_\_\_\_
- Name \_\_\_\_\_ Birth Date \_\_\_\_\_ School \_\_\_\_\_
- Name \_\_\_\_\_ Birth Date \_\_\_\_\_ School \_\_\_\_\_

Designate an emergency contact (a friend, relative, or medical professional) whom the school can contact if parents are unavailable.

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

### Grandparents

Paternal \_\_\_\_\_

Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Cell Service Provider \_\_\_\_\_

Maternal \_\_\_\_\_

Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Cell Service Provider \_\_\_\_\_

### Special Family Situations/Arrangements

Are parents divorced? \_\_\_\_\_ Separated? \_\_\_\_\_ When? \_\_\_\_\_

Names of Step Parents \_\_\_\_\_

Custodial Parent \_\_\_\_\_ Note special custodial arrangements \_\_\_\_\_

List the names and relationship of other individuals residing in the household.

- Name \_\_\_\_\_ Relationship \_\_\_\_\_
- Name \_\_\_\_\_ Relationship \_\_\_\_\_

### Tell Us About Your Child

Does your child have playmates his/her own age? \_\_\_\_\_ Has your child attended other schools? \_\_\_\_\_ If yes, list schools below.

- School \_\_\_\_\_ Dates Attended \_\_\_\_\_
- School \_\_\_\_\_ Dates Attended \_\_\_\_\_
- School \_\_\_\_\_ Dates Attended \_\_\_\_\_

List your child's interests \_\_\_\_\_

List your child's dislikes \_\_\_\_\_

List any allergies, especially food allergies, which require attention \_\_\_\_\_

\_\_\_\_\_

List any illnesses that have impacted or affected your child \_\_\_\_\_

\_\_\_\_\_

List any changes in lifestyle or environment that have impacted or affected your child \_\_\_\_\_

\_\_\_\_\_

**Hearing**

Has your child had a hearing examination or received treatment for issues related to hearing and/or ears? \_\_\_\_\_

If yes, please list exam/treatment dates and results.

- Date \_\_\_\_\_ Results \_\_\_\_\_
- Date \_\_\_\_\_ Results \_\_\_\_\_

Answer yes or no. Does your child...

- Seem to have difficulty hearing? \_\_\_\_\_
- Turn up the audio on computers/television/radios? \_\_\_\_\_
- Seem to favor one ear over the other? \_\_\_\_\_
- Seem to hear you if you talk in a whisper? \_\_\_\_\_
- Ask you to talk loudly or ask you to repeat statements? \_\_\_\_\_

**Vision**

Has your child had a vision examination or received treatment for issues related to sight and/or eyes? \_\_\_\_\_

If yes, please list exam/treatment dates and results.

- Date \_\_\_\_\_ Results \_\_\_\_\_
- Date \_\_\_\_\_ Results \_\_\_\_\_

Answer yes or no. Does your child...

- Seem to have difficulty seeing small lines/images? \_\_\_\_\_
- Seem to have difficulty seeing objects that are far away? \_\_\_\_\_
- Squint? \_\_\_\_\_
- Wear glasses? \_\_\_\_\_

**Speech and Language**

Has your child received treatment for issues related to speech? \_\_\_\_\_

If yes, please list exam/treatment dates and results.

- Date \_\_\_\_\_ Results \_\_\_\_\_
- Date \_\_\_\_\_ Results \_\_\_\_\_

Answer yes or no. Does your child...

- Talk a lot? \_\_\_\_\_
- Talk as well as other children his/her age? \_\_\_\_\_
- Express himself/herself in a clear and comprehensible manner? \_\_\_\_\_
- Express himself/herself in a clear and comprehensible manner that other adults understand? \_\_\_\_\_
- Express himself/herself in a clear and comprehensible manner that other children understand? \_\_\_\_\_

**Developmental Concerns**

Has your child been diagnosed with any physical, mental, and/or emotional disabilities that would impact your child's learning and/or educational experience? \_\_\_\_\_

If yes, list the disabilities and describe your understanding about how your child's education might be impacted.

- Disability \_\_\_\_\_ Impact \_\_\_\_\_
- Disability \_\_\_\_\_ Impact \_\_\_\_\_

Please provide any additional information that you feel is important and relevant to your child's admission application. \_\_\_\_\_

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Why did you select St. Peter's for your child's elementary education? \_\_\_\_\_

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Lastly, please tell us how you learned about St. Peter's Episcopal School. \_\_\_\_\_

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I, hereby, submit this application to St. Peter's Episcopal School on behalf of \_\_\_\_\_ and understand that  
Applicant's Name

I am requesting admission into the \_\_\_\_\_ for the \_\_\_\_\_ school year.  
Grade School Year

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Legal Guardian Signature

Print name of individual signing this document \_\_\_\_\_

**Please review the list below prior to submitting the admission application.**

\_\_\_\_ Complete and submit admission application to the administrative office at St. Peter's Episcopal School.

\_\_\_\_ Remit the required \$50 admission application fee when submitting the application.

\_\_\_\_ Submit a copy of applicant's birth certificate.

\_\_\_\_ Submit copies of applicant's immunization records.

\_\_\_\_ Submit copies of applicant's educational records and/or other academic documents if applicant is  
is requesting admission into grades 1<sup>st</sup>-5<sup>th</sup>.

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*St. Peter's Episcopal School maintains a commitment to inclusion and embraces diversity as a deeply held value. The school appreciates the educational richness that naturally thrives within a community of socially, ethnically, and culturally unique individuals. Therefore, St. Peter's Episcopal School adheres to practices of high standards and equitable consideration for all prospective students and their families. St. Peter's Episcopal School admits students without regard to their race, color, religion, nationality, ethnic origin, gender, or disability and confers all the rights and privileges that are generally accorded and associated with attending the school.*