



APPLICATION FOR ADMISSION TO

Episcopal Day School

2248 Walton Way, Augusta, Georgia 30904
phone: (706) 733-1192 * fax: (706) 733-1388
email: klilly@edsaugusta.com

Applicant's Name _____ Preferred Name _____

(last) (first) (middle)

Address _____

(street) (city) (state) (zip)

Phone (_____) _____ Male _____ Female Date of Birth _____
(mo/day/yr)

Applying for School Year _____ Applying for Grade (circle one) 3s PK K 1 2 3 4 5 6 7 8

Applicants for Three-year-old classes, please indicate order of preference for programs. (1st, 2nd, 3rd choice)

_____ 2 day (Tu-Th) _____ 3 day (M-W-F) _____ 5 day

Current School _____ Phone Number (____) _____

Address _____

(street) (city) (state) (zip)

Teacher _____ Present Grade _____ Is student passing all studies? ____ Yes ____ No

Has this applicant ever been suspended or expelled from school? ____ Yes ____ No

If yes, please explain _____

Does this applicant require consideration for any physical, and/or emotional, and/or academic reason? ____ Yes ____ No

If yes, please explain _____

If parents of applicant attended EDS, please provide dates _____

Names of any relatives who have attended or are attending EDS

Name	Year of Graduation	Relationship to Applicant

Name and ages of siblings

Name	Age

How did you first hear about EDS?

____ Friend ____ Family ____ Newspaper ____ Magazine ____ Internet ____ Real Estate Agent ____ Other

Applicant's Father

Applicant's Mother

(title) (first) (middle) (last)

Relationship _____

(father/stepfather/guardian)

Home Address _____

Home Telephone () _____

E-Mail _____

Occupation/Title _____

Employer _____

Business Address _____

Business Telephone () _____

Church Denomination _____

Local Church _____

(title) (first) (middle) (last)

Relationship _____

(mother/stepmother/guardian)

Home Address _____

Home Telephone () _____

E-Mail _____

Occupation/Title _____

Employer _____

Business Address _____

Business Telephone () _____

Church Denomination _____

Local Church _____

Who will be responsible for fees? _____

To whom should correspondence about the applicant be sent?

_____ Mother and Father _____ Mother _____ Father _____ Other: _____

General Information to give us insight into your child

Was the child adopted? _____ Yes _____ No If so, at what age? _____

Applicant lives with (*check all that apply*)

_____ Father _____ Stepfather _____ Other

_____ Mother _____ Stepmother _____ Other

Check any that apply: Applicant's

_____ Father is deceased _____ Mother is deceased

There is a \$75.00 non-refundable application fee due at the time the application is submitted.

The parent's signature indicates that the above information is correct. In its admission, financial aid, personnel policies, and general practices, Episcopal Day School acts without regard to race, color, sex, religion, ethnic origin, physical handicap, or age.

Signed _____

Date _____

For office use only:
Date received _____

Payment _____