APPLICATION FOR ADMISSION

St. Paul's Episcopal Day School
517 Columbus Ave.
Waco, TX 76701
254-753-0246
FAX 254-755-7488

For admission to grade (circle one): 2 day 2s(T/T) 3 day 2s(MWF) 5 day 2s
3 day 3s (TWT) 5 day 3s
1/2-day PreK Full day PreK Kindergarten
1st 2nd 3rd 4th 5th 6th

Date of Application _____

Student's First Name Initial Last Name Nickname

Street Address City State Zip

Date of Birth Male Female

Siblings currently attending St. Paul's (name) _____

Father's Name & Title (ex. Dr. John Doe) Home# Work# Cell#

Father's Occupation Father's Employer

Father's email _____

Father's address (if different from student) City State Zip

Stepfather's Name (if applicable) Work#

Mother's Name & Title (ex. Mrs. Mary Doe) Home# Work# Cell#

Mother's Occupation Mother's Employer

Mother's email _____

Mother's address (if different from student) City State Zip

Stepmother's Name (if applicable) Work#

Student lives with: Both parents _____ Mother_____ Father_____ Guardian_____

Student's current school:_____ Teacher:_____

School Address:_____

Has student had a professional educational or psychological evaluation? _____. If yes, please attach a copy.

- ☐ I/we are members of St. Paul's Church; if not, please state Religion_____Denomination_____
- ☐ I would like to receive Financial Aid information
- ☐ Yes, I also make application for **After School Fun**, available same days attending school.

St. Paul's admits qualified 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 the administration of its educational policies, admission policies, scholarships, athletic or other school-administered programs.

Attached is my $50 application fee _____ $25 application fee for After School Fun _____

School Year applying for:_____

_____
Signature of Parent/Guardian