



Grace Episcopal Day School Application for Admission 2018/2019 School Year

We are applying for admission to Grace Episcopal Day School for the **2018-2019** school year.

All students, regardless of race, creed, color, sex or national origin, are welcome to apply for admission to Grace Episcopal Day School.

Grade Level: PK3 (MWF) PK3 (5 Day) PK4 (MWF) PK4 (5 Day)
 K 1st 2nd 3rd 4th 5th 6th 7th 8th

Child's Full Name _____
last first middle

Name used in class _____

Age _____ Date of Birth _____ / _____ / _____ Male Female

Home Address _____

City _____ State _____ Zip _____

Home Phone _____

Parent 1 _____ Phone _____
last first middle

Address (if different from above) _____

City _____ State _____ Zip _____

Email Address _____

Business Name _____ Occupation _____

Business Address _____

City _____ State _____ Zip _____

Business Phone _____ Mobile _____

Parent 2 _____ Phone _____
last first middle

Address (if different from above) _____

City _____ State _____ Zip _____

Email Address _____

Business Name _____ Occupation _____

Business Address _____

City _____ State _____ Zip _____

Business Phone _____ Mobile _____

Have you ever applied for admission to this school? Yes No If yes, when? _____

Parishioner of Grace Episcopal Church? Yes No

Sibling of? _____ Alumni? Yes No If yes, year attended? _____

Name of current school _____

Current school address _____

City _____ State _____ Zip _____

Current Grade _____

Current School Phone No. _____ Teacher's Name _____

Schools previously attended _____

Has your child ever repeated a grade? Yes No If yes, which grade? _____

Has your child ever been dismissed from school? Yes No Suspended? Yes No

Received severe disciplinary action? Yes No

If yes, please provide details, name of school, principal's name _____

Parents' marital status married separated divorced other _____

Child lives with both parents mother father other, explain _____

Who has legal custody? both parents mother father other, explain _____

Who will be financially responsible to the school? both parents mother father other, explain _____

Are there any court orders or agreements addressing custody or rights of the parent regarding visitation and decisions regarding the child? Yes No If yes, please provide a copy of the current court order(s) after acceptance to complete the enrollment process.

Siblings/age _____ Schools attending _____

Were you referred to Grace Episcopal Day School by a current family or staff member? Yes No

If yes, please list name _____

Parents' Signatures

Parent 1 Date _____

Parent 2 Date _____

Your signature authorizes Grace Episcopal Day School to request transcripts and academic information about your child. Parent agrees to not seek access to confidential recommendations and evaluation materials before or after the admission decision is made.

Please mail, e-mail or fax along with \$50 application fee to:

Director of Admissions • Grace Episcopal Day School • 156 Kingsley Avenue • Orange Park, Florida 32073
Phone: 904-269-3718 • FAX: 904-269-9183 • mmcgee@geds.net

Grace Episcopal Day School admits qualified students of any race, creed, color, gender, or national origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school.

[CLICK HERE TO PRINT & PAY APPLICATION FEE](#)