

Please attach photo

Application for Admission



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

We are applying for admission to San Jose Episcopal Day School for the 20___/20___ school year.

Grade Level: (please circle) PK3 PK4 K 1 2 3 4 5 6

Child's full name _____
last first middle

Name to be called in school _____

Age _____ DOB ____/____/____ male female

Home address _____

City _____ State _____ Zip _____

Home phone _____

Father _____
last first Phone # _____

Address (if different from above) _____

City _____ State _____ Zip _____

Email address _____

Occupation _____ Business Name _____

Business address _____

City _____ State _____ Zip _____

Business phone _____ Mobile _____

Mother _____
last first Phone # _____

Address (if different from above) _____

City _____ State _____ Zip _____

Email address _____

Occupation _____ Business Name _____

Business address _____

City _____ State _____ Zip _____

Business phone _____ Mobile _____

Have you ever applied for admission to this school? _____ If yes, when? _____

Communicant of San Jose Episcopal Church? _____

Sibling of? _____ Alumni? _____ Year attended? _____

Name of current school _____

Current school address _____

City _____ State _____ Zip _____

Grade _____ Teacher _____ Phone# _____

Schools previously attended _____

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

Had your child ever been dismissed from school? yes no Suspended? yes no

Received severe disciplinary action? yes no

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

Who will be financially responsible to the school? _____

Child lives with both parents mother father other, explain _____

Siblings / age _____ Schools attending _____

Were you referred to SJEDS by a current family or staff member? yes no

If yes, please list name. _____

Parent's Signatures

_____ Date

_____ Date

Your signature authorizes San Jose 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, email or fax to:

Director of Admission • San Jose Episcopal Day School • 7423 San Jose Boulevard • Jacksonville, FL 32217
Phone: 904-733-0352 • FAX: 904-733-2582 • thall@sjeds.org

Applicants in Grades 1–3



Parents please offer only minimal assistance, as appropriate for grade level.

Name _____ Age _____

1. What is your favorite game or activity?

2. Do you have chores or responsibilities at home?

3. Do you participate in after school activities? (i.e. sports, dance, church group)

Write a short story about your best friend and something you have done together: