



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

