## **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.

vve are applying for admission	to San	Jose Ep	iscopo	ıı Day	Scho	ol for f	ne ZU_	/ 20	J	_ 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	/	_/	_	☐ ma	le 🛭	<b>□</b> fema	le			
Home address										
City								State	e	Zip
Home phone										
Father						Phor	ne # _			
Address (if different from above										
City								State	e	Zip
Email address										
Occupation					_ Busi	ness N	ame _			
Business address										
										Zip
Business phone						Mob	oile _			
Mother						Phor	ne #			
<b>Mother</b>	)		firs	†						
City								State	e	Zip
Email address										
Occupation					Busi	ness N	ame _			
Business address										
										Zip
Business phone						Mob	oile			

Have you ever o	applied for admissio	n to this school?	If yes, when? _	
Communicant o	f San Jose Episcopa	Church?		
Sibling of?			Alumni?	Year attended?
Name of curren	t school			
Current school o	address			
City			State	Zip
Grade	Teacher _		Pho	one#
Schools previou	sly attended			
Has your child e	ever repeated a grad	de? 🗆 yes 🕒 no	If yes, which grade?	
Had your child	ever been dismissed	from school?	yes □ no Su:	spended? 🗆 yes 🗅 no
Received severe	disciplinary action	? □ yes □ no		
If yes, please gi	ve details, name of	school, principal's 1	name	
Child lives with	□ both parents	□ mother □ fo	ather $\square$ other, explain	
Siblings / age			Schools attending	
Were you refer	red to SJEDS by a cu	rrent family or staff	member? □ yes □ no	
-	t name.	•	•	
ii yes, piedse iis				
Parent's Signatu	ires			
				Date
				24.5
				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 4–6

c. Tell about a special trip you have taken.



This is to be completed by the STUDENT in his/her own handwriting. Please use additional paper as necessary.

1/10		 
1.	What is your favorite subject in school? Why?	
2.	What is your least favorite subject in school? Why?	
3.	What do you think makes a good teacher?	
4.	What chores and responsibilities do you have at home?	
5.	What is your favorite activity outside of school? (i.e. sports, dance, church group)	
6.	Please write a one-page essay on the back of this page on ONE of the following topics:  a. Tell about an exciting event in your life.  b. Tell about an accomplishment of which you are proud.	