



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 Pre-K3 – Kindergarten



Child's name \_\_\_\_\_

Preferred name \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade entering \_\_\_\_\_

Child lives with  both parents  mother  father  other, explain \_\_\_\_\_

Name, address and phone number of child's most recent school or caregiver: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## The following information is to help us know and understand your child.

Please note any significant information prior, during or following birth: \_\_\_\_\_

\_\_\_\_\_

Please list three interests your child has at this time: \_\_\_\_\_

\_\_\_\_\_

Please list your child's three favorite toys at this time: \_\_\_\_\_

\_\_\_\_\_

Please describe your child's likes: \_\_\_\_\_

\_\_\_\_\_

Please describe your child's fears/dislikes: \_\_\_\_\_

\_\_\_\_\_

Please tell us about your child's temperament and strengths: \_\_\_\_\_

\_\_\_\_\_

Please comment about anything you feel would be beneficial for us to know: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please mark each of the following responses with a (Y) Yes, (N) No, or (S) Sometimes. Add comments if you feel they would be helpful to the teachers working with your child.

\_\_\_\_\_ Clings to  Mother  Father

\_\_\_\_\_ Is comfortable away from parents

\_\_\_\_\_ Enters new activities with ease

\_\_\_\_\_ Cries when left with a sitter / caregiver

\_\_\_\_\_ Seldom talks to others

\_\_\_\_\_ Verbally asks for things

\_\_\_\_\_ Verbally expresses feelings to others

\_\_\_\_\_ Understands and accepts others' feelings

\_\_\_\_\_ Plays well with other children

\_\_\_\_\_ Makes own decisions

\_\_\_\_\_ Is attentive

\_\_\_\_\_ Listens to verbal directions

\_\_\_\_\_ Listens when a story is read aloud

\_\_\_\_\_ Looks at books on own

\_\_\_\_\_ Initiates own play

\_\_\_\_\_ Puts away toys

\_\_\_\_\_ Puts on own clothing

\_\_\_\_\_ Uses scissors

\_\_\_\_\_ Holds a crayon with a firm grip

\_\_\_\_\_ Uses specific vocabulary for objects

\_\_\_\_\_ Speaks in a manner that is understandable to others

\_\_\_\_\_ Spent time crawling as a baby

\_\_\_\_\_ Energetic

\_\_\_\_\_ Lethargic

\_\_\_\_\_ Is easily excited

\_\_\_\_\_ Timid

Comments \_\_\_\_\_

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**Parent's Signature**

\_\_\_\_\_

Date