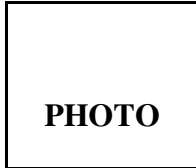




Today's DATE: _____

3222 103rd St., Lubbock, TX 79423 806-745-7701



PLEASE TYPE OR PRINT

Student's Name (First, Middle, Last):			Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Preferred First Name:			Applying for Grade: (Check/Circle One) In 201_____		
			Preschool (3 year old) - 3 day ____ 5 day ____		
			Pre-Kindergarten (4 year old) - 5 day half-day ____ 5 day full-day ____		
			K, Pre1 st , 1 st , 2 nd , 3 rd , 4 th , 5 th , 6 th , 7 th , 8 th		
Date of Birth (Month,Day,Year):		/ /	Age (on September 1 of entering year) Years:		Mos:
Father's Name:			Mother's Name:		
Home Address:			Home Address:		
City:	State:	Zip:	City:	State:	Zip:
Telephone: ()	Cell #:		Telephone: ()	Cell #:	
Email:			Email:		
Religious Preference:			Religious Preference:		
Place of Employment/Occupation:			Place of Employment/Occupation:		
Business Address:			Business Address:		
City:	State:	Zip:	City:	State:	Zip:
Telephone: ()			Telephone: ()		
If the applicant's parents are separated or divorced, with whom does the child live?					
List names and ages of applicant's siblings:					
Languages(s) spoken at home:			% of the time:		
Applicant's Present School:			Principal/Head:		
Address:		City:	State:	Zip:	
Date of Entrance:			Present Grade:		
Relatives or friends who have attended All Saints Episcopal School:					
How did you hear about All Saints Episcopal School:					
For applicants to grades K-8th only: will the applicant be applying for Financial Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No					

"All Saints Episcopal School is committed to providing a classical education for the whole child, recognizing that each has different gifts, talents, and abilities, while challenging the mind and body and nurturing the spirit. All children who come to us will develop a foundation of academic skills, spiritual awareness, and self-worth that enables them to become intellectual and social contributors to the world."

Does your child have any severe allergies? _____ Yes _____ No

Is so, please list: _____

Is child completely potty trained? _____ Yes _____ No

Has diagnostic testing been recommended? _____ Yes _____ No By whom? _____

If yes, was diagnostic testing completed? _____ Yes _____ No Date completed _____

A COPY OF THE TEST RESULTS MUST ACCOMPANY THIS APPLICATION.

Please help us know your child better by completing the following questions:

1. What descriptive words or phrases come to mind in thinking of your child?

2. What are your child's greatest strengths
A. Academically?

B. Socially?

3. What are areas of growth for your child?

I understand that withholding or misrepresenting information requested in this application may jeopardize admission or enrollment at All Saints Episcopal School. My signature below indicates that all information contained in this application is correct, complete and honestly presented.

The undersigned grants All Saints School permission to request and receive confidential information regarding the applicant and to retain such material in the applicant's file.

Signature of Parent/Guardian

Date

Please return this form with a non-refundable fee of \$50.00 for students entering grades PS-Pre-K. The application fee for students entering K-8th grade is \$125.00, which includes all testing. Please make your check payable to All Saints Episcopal School and return it with this application in the enclosed self-addressed envelope.

All Saints Episcopal School admits students of any race, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school.