



APPLICATION FOR ADMISSION

2018-19 SCHOOL YEAR

Child: _____
 (Last Name) (First Name) (Middle Name) (Name Used)

Address: _____ Zip: _____ Home Phone: _____

Sex: _____ Age: _____ Date of Birth _____
 (Month) (Day) (Year)

Previous School Experience _____

Father: _____ Occupation: _____

Employer: _____ Business Phone: _____

Mobile/Cell Phone: _____ Pager/Beeper: _____

E-mail address: _____

Mother: _____ Occupation: _____

Employer: _____ Business Phone: _____

Mobile/Cell Phone: _____ Pager/Beeper: _____

E-mail address: _____

Emergency contact(s) (w/phone #'s): _____

Are the child's immunizations up to date? _____ (Immunization record will be required when school starts)

Child's Physician: _____ Phone: _____

(In case of emergency and your physician cannot be reached, does Asbury Day School have your permission to consult another physician? _____)

Have any siblings of the child attended Asbury Day School previously? _____ Which teachers did they have?

Church affiliation: Child _____ Mother _____ Father _____

An application fee must be included with this form for your child to be enrolled in Asbury Day School. THE FEE IS NON-REFUNDABLE.

Your Signature _____ Date _____