



Please send application and \$50 check to:

Director of Admissions Phone (302) 378-3179 ext.1  
St. Anne's Episcopal School Fax (302) 449-0957  
211 Silver Lake Road  
Middletown, DE 19709

## Application for Admission

Application for Admission to (circle one) PS Pre-K K 1 2 3 4 5 6 7 8 For September \_\_\_\_\_

### APPLICANT'S INFORMATION

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Nickname \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender (circle one) M F

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Marital Status of Parents \_\_\_\_\_

To whom should school correspondence be sent? \_\_\_\_\_

Primary language spoken at home if other than English \_\_\_\_\_



### PRESENT SCHOOL

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ Years Attended \_\_\_\_\_ Current Grade \_\_\_\_\_

### PARENT 1

Last Name \_\_\_\_\_

First \_\_\_\_\_ Middle \_\_\_\_\_

Home Address if different \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address \_\_\_\_\_

High School Attended \_\_\_\_\_

Occupation \_\_\_\_\_

Name of Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone ( \_\_\_\_\_ ) \_\_\_\_\_

### PARENT 2

Last Name \_\_\_\_\_

First \_\_\_\_\_ Middle \_\_\_\_\_

Home Address if different \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address \_\_\_\_\_

High School Attended \_\_\_\_\_

Occupation \_\_\_\_\_

Name of Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone ( \_\_\_\_\_ ) \_\_\_\_\_

### APPLICANT'S SIBLINGS

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender M F School \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender M F School \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender M F School \_\_\_\_\_

# Application for Admission

PLEASE COMMENT IN DETAIL ON THE FOLLOWING ITEMS USING A SEPARATE PIECE OF PAPER IF NECESSARY.

How would you describe your child's general attitude toward school?

What hobbies, sports or other activities does your child enjoy?

Has your child ever been evaluated for any learning, social-emotional or physical concerns that might affect his/her full participation in all aspects of the school's programs or require special accommodations? If so, please specify:

What are your child's strengths and weaknesses?

What are your reasons for wanting your child to attend St. Anne's Episcopal School?

- Are you interested in our extended care program?
- Are you interested in bus transportation?
- Are you applying for financial aid?     Are you applying for a Middle School Merit Scholarship?
- Do you have immediate family affiliated with the U.S. Military?

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

\$50.00 application fee is included.

This non-refundable fee covers the required admission assessment for all applicants. Checks should be made out to St. Anne's Episcopal School.

St. Anne's Episcopal School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, religion, sexual orientation, national and ethnic origin in administration of its educational and admissions policies, scholarship and financial aid programs, and athletic and other school-administered programs.