

## 2009-2010 Beaches Episcopal School Admission Application

Full Name of Applicant \_\_\_\_\_ Name Called \_\_\_\_\_

Application for Admission to Grade \_\_\_\_\_ in Fall, \_\_\_\_\_

Social Security Number \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

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

Home Phone \_\_\_\_\_

Ethnic Origin:       \_\_ African American \_\_ Asian \_\_ Caucasian,  
(optional)           \_\_ Hispanic/Latino \_\_ Middle Eastern \_\_ Multiracial  
                          \_\_ Native American \_\_ Other

Religious Affiliation \_\_\_\_\_ Specific Church \_\_\_\_\_

Father  
Name \_\_\_\_\_  
Home Address \_\_\_\_\_

Mother  
Name \_\_\_\_\_  
Home Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Social Security \_\_\_\_\_

Social Security \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Work Address \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Are parents separated or divorced? \_\_\_\_\_ If so, who has custody? \_\_\_\_\_

Person Financially Responsible for Applicant's Educational Expenses: \_\_\_\_\_

Address of Person Responsible for Expenses \_\_\_\_\_

Phone Number of Person Responsible \_\_\_\_\_ Relationship to child \_\_\_\_\_

Social Security Number of Person Responsible \_\_\_\_\_

Is the applicant eligible to return to or be promoted at their current school? \_\_\_\_\_

If no, please explain. \_\_\_\_\_

Has the applicant ever been suspended or expelled from school? \_\_\_\_\_

Please explain. \_\_\_\_\_

Is the applicant regularly taking any prescription medication? If yes, please explain. \_\_\_\_\_

Does the applicant have any special needs that might affect their school day? \_\_\_\_\_  
If yes, please explain. \_\_\_\_\_

Names of relatives who attend or have attended Beaches Episcopal School (state relationship): \_\_\_\_\_

How did you learn about Beaches Episcopal School? \_\_\_\_\_

Brothers and Sisters

Name	Birth Date	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Paternal Grandparents

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

Maternal Grandparents

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

Applicant's Present School: \_\_\_\_\_

Applicant's Previous School: \_\_\_\_\_

A fifty dollar application fee and a current photograph of the applicant must accompany this application. This fee is non-refundable and does not apply to tuition.

\_\_\_\_\_  
Signature of Parent

**ANNUAL GIVING**

*Annual Giving is a vital part of private education and contributes approximately 6% to Beaches Episcopal School operating budget. In virtually every area of our school, the Annual Giving is what supplements the curriculum. Good teachers need good tools in order to best nurture the talents of their students, and your gift provides those tools where needed. Beaches Episcopal School relies on the loyalty and generosity of parents, grandparents, alumni, parents of alumni, faculty & staff, and friends to continue our long tradition of excellent education in a nurturing, safe Christian environment. Your gifts are tax deductible.*

Beaches Episcopal School does not discriminate on the basis of race, sex, creed or national origin.