



STUDENT INFORMATION

Date of Application: _____ Applying to _____ Grade in September 2019 _____
(for preschool, please specify plan)

Full Name: _____
First Middle Last

Nickname, if preferred: _____ Gender: _____

Date of Birth: _____

Place of Birth: _____
City County State

EDUCATION

Present school: _____ Date entered: _____

School Address: _____ Phone #: _____

List Other Schools Attended:

School Name/Location: _____ Dates attended: _____

School Name/Location: _____ Dates attended: _____

Sibling Information

Full Name: _____ Age: _____ Current School: _____

Full Name: _____ Age: _____ Current School: _____

Full Name: _____ Age: _____ Current School: _____

☐ I request to be considered for the Saint Andrew's Church member discount for the 2019 – 2020 school year. Members in good standing receive a \$750 tuition discount per student K-8. Maximum discount of \$1,500 per family.

Additional Information

In order for us to get to know your child better, we ask that you respond to the following questions as candidly and completely as you can. We appreciate your time and care in completing this section.

1. What adjectives or phrases come to mind in describing your child?

2. What do you consider your child's academic and personal strengths?

3. Describe your hopes for your child as a student at Saint Andrew's.

4. Please note any academic or social concerns for your child of which we should be aware.

5. Please explain any special medical attention that your child has received or is receiving from a medical professional.

6. Please indicate the after-school activities your child most enjoys.

Learned of the School through:

☐ Parent of a student - name of referring family: _____
☐ alumna ☐ newspaper ☐ website ☐ other _____

Parent/Guardian Information

Ms./Mr./Mrs./Dr. _____
First Middle Last

Address: _____
Street City State Zip Code

Home phone: _____ Cell phone: _____ Bus. Phone: _____

Home email: _____ Bus. Email _____

Employer: _____ Occupation/Profession: _____

Ms./Mr./Mrs./Dr. _____

<i>First</i>	<i>Middle</i>	<i>Last</i>
_____	_____	_____

Saint Andrew's Day School is committed to welcoming, respecting, and celebrating the individuality of all community members. Diversity at Saint Andrew's is defined as differences in race, ethnic background, religious beliefs, gender, gender identity, sexual orientation, family composition, economic status, political beliefs, learning styles, and physical abilities.



Record Release Form

Name of current or previous school: _____

Mailing address: _____

Name of contact: _____

Email address of contact: _____

Telephone: _____ Fax: _____

Please send Saint Andrew's United Methodist Day School all scholastic, health and confidential school records for the following student(s):

Name: _____ Birth Date: _____ Grade: _____

Name: _____ Birth Date: _____ Grade: _____

Name: _____ Birth Date: _____ Grade: _____

I hereby authorize the release and transfer of my child's/children's confidential and pertinent school and health records to Saint Andrew's United Methodist Day School.

Parent/Guardian Signature

Date

Please send records to:

Mr. Jeffrey Southworth
Director of Admissions
Saint Andrew's United Methodist Day School
jsouthworth@standrewsum.org 410-266-0952