



ASCENSION EPISCOPAL SCHOOL

2525 Seagler Road • Houston, Texas 77042

Tel 713-783-0260 • Fax 713-787-9162

www.ascensionepiscopalschool.org



APPLICATION FOR ADMISSION

Application _____ School Year _____ Today's Date _____
Grade

Student's Name _____
Last First Middle (Preferred Name)

Student's Address _____
City State Zip

Date of Birth _____ Gender _____ Present Grade _____ Home Phone _____
Month Day Year

Nationality _____ E-mail Address _____ Cell Phone _____

Previous School Attended	Address	Dates Attended
_____	_____	_____
_____	_____	_____

Siblings (brothers and sisters under 19 years of age)

Name _____ School _____ Grade _____ Birthdate _____

Name _____ School _____ Grade _____ Birthdate _____

Name _____ School _____ Grade _____ Birthdate _____

Parents(s) Guardians(s)

A. Father (Use Section C if father does not reside with student.) E-Mail _____

Title First Name Middle Last Name (Preferred Name)

Employer _____ Employer's Business _____

Position or Title _____ Office Phone _____

Religious Affiliation _____ Church Attended _____

B. Mother (Use Section C if mother does not reside with student.) E-Mail _____

Title First Name Middle Last Name (Preferred Name)

Employer _____ Employer's Business _____

Position or Title _____ Office Phone _____

Religious Affiliation _____ Church Attended _____

C. Parent or Guardian (not a member of the above household with student.) E-Mail _____

Title First Name Middle Last Name (Preferred Name)

Employer _____ Employer's Business _____

Position or Title _____ Office Phone _____

Religious Affiliation _____ Church Attended _____

Student Information

What are your child's interests/talents? _____

What Languages, other than English, are spoken at home? _____

What methods of discipline are effective with your child? _____

Has your child been suspended or asked to leave any school? Yes No If yes, please explain.

Medical Information

Birth Weight _____ Pregnancy Term _____ Complications _____

Please describe any unusual medical or emotional problems which have affected or may affect your child's health or schoolwork. _____

Is your child on any regular medication? Yes No If yes, please explain. _____

Have any educational, psychological or diagnostic tests been given to your child? Yes No
If yes, when and by whom. _____

Does your child have any allergies? Yes No If yes, please explain. _____

Does your child have any special needs? (*Vision, hearing, etc.*) _____

Family Information

Applicant lives with: Father and Mother Father Mother Stepfather Stepmother _____

Please check if applicable: Father deceased Mother deceased Parents divorced Parents separated

If parents are divorced, which parent has legal responsibility concerning:

Custody of the student _____ Financial arrangements _____

School communications _____ School related decisions _____

Additional information _____

Please describe the short and long range educational plans for your child as specifically as your can.

How did you hear of Ascension Episcopal School?

NON-REFUNDABLE APPLICATION FEE OF \$100.00 TO BE ENCLOSED WITH THIS APPLICATION.

Signature of Parent/Guardian _____ Date _____