

C. Parent or guardian not a member of the above household:

Title _____ First Name _____ Middle _____ Last Name _____ Preferred Name _____
Employer _____ Employer's Business _____
Position _____ Office Phone _____
Religious Affiliation _____ Church Attended _____

Student Information

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

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? If yes, please explain. _____

Have any educational, psychological or diagnostic tests been given to your child? If yes, when and by whom? _____

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

Family Information

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

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

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 _____

How did you hear of Ascension Episcopal School?

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

Name of Parent/Guardian (please print) _____

Signature of Parent/Guardian _____ Date _____