



# APPLICATION

A recent photograph is helpful to the Admission Committee; please attach.

For Grade \_\_\_\_\_ Year \_\_\_\_\_ This application form must be accompanied by a \$75.00 nonrefundable application fee.

Full Name \_\_\_\_\_  M  F  
*First Middle Last*

Preferred Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_  
*Month Day Year*

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

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Parent(s) or Guardian

**Father's** Full Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Occupation/Title \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_

College \_\_\_\_\_ Degree \_\_\_\_\_

**Mother's** Full Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Occupation/Title \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_

College \_\_\_\_\_ Degree \_\_\_\_\_

*Application continues on back.*

## Parent Information

Applicant lives with  Father  Mother  Stepfather  Stepmother  Other (explain) \_\_\_\_\_

Please check all that apply  Father deceased  Mother deceased  Parents divorced  Parents separated

Other (explain) \_\_\_\_\_

## School

Present School \_\_\_\_\_ Present Grade \_\_\_\_\_

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

School Phone \_\_\_\_\_ School Fax \_\_\_\_\_

Name of Principal/Head \_\_\_\_\_

Previous schools applicant has attended (include grades completed) \_\_\_\_\_

## Family

Sibling's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ School \_\_\_\_\_

Paternal Grandparents' Names \_\_\_\_\_

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

Maternal Grandparents' Names \_\_\_\_\_

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

## Please list any relatives who are attending or have attended Charleston Day School.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Dates Attended \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Dates Attended \_\_\_\_\_

Please tell us how you learned of Charleston Day School. If referred by someone, please give that person's name.

\_\_\_\_\_

By signing this application, we certify that the information given is correct as of the application date.

We give permission to Charleston Day School to contact the current school.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

We appreciate your interest in Charleston Day School. If you have questions, please contact us at 843-377-0315.

*Charleston Day School maintains a nondiscriminatory admission policy and admits students of any race, religion, color and national or ethnic origin.*

