



St. John's

EPISCOPAL SCHOOL

Please
attach
a recent
photo
(optional)

Application for Preschool

Date: _____

School Year Applying for Admission: _____

Student's Name: _____ U.S. Citizen: ____ Yes ____ No

Prefers to be called: _____ Gender: _____ Age: _____

Date of Birth: _____ Applying for: _____ Preschool/3 _____ Preschool/4

Current School: _____ Location: _____

Program Choice (check one): ____ Full Day (M-Th, 9:00 am – 3:00 pm and Fri, 9:00 am – 1:00 pm)

____ Half Day (M-F, 9:00 am – 1:00 pm)

____ 2 or 3 Day Flexible Program (Preschool/3 only)

FAMILY INFORMATION

Full Name of Parent 1: _____ Please circle: Mr / Mrs / Ms / Dr

Home Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Position: _____

Religious affiliation: _____

Full Name of Parent 2: _____ Please circle: Mr / Mrs / Ms / Dr

Home Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Position: _____

Religious affiliation: _____

Marital Status: ____ Married ____ Separated ____ Divorced ____ Single Parent _____ Other

How did you hear about St. John's? _____

Referral Verification: If you were referred and introduced to St. John's by a specific current family, please complete the following:

Name of Referring Family: _____ Home Phone: _____
First and Last Name

Other children in applicant's family:

Name	Birth Date	Gender	Current School	Grade
_____	__/__/__	_____	_____	_____
_____	__/__/__	_____	_____	_____
_____	__/__/__	_____	_____	_____

If applicant's father, mother or other family members are St. John's alumni, please list below:

Name of alumni: _____ Relation to applicant: _____

Years attended: _____ Year graduated: _____

Please give the following information regarding the person to whom bills for tuition/fees should be sent:

Name: _____

Relationship to applicant: _____ Parent 1 _____ Parent 2 _____ Other: _____

Contact Information (check one): _____ Same as Parent Information _____ Other (Please fill in below)

Mailing Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Application Fee: A non-refundable application fee of \$75.00, payable to St. John's Episcopal School, must accompany this application. Applications will not be considered prior to the submission of the appropriate fee.

Application Timeline: Applications received by February 1 will be given first consideration, with decisions to be mailed by the beginning of March. Applications received after February 1 will be considered on a space-available basis.

PLEASE NOTE: If the applicant has ever been evaluated for educational, learning, or developmental challenges - i.e. speech, language, attention, we ask that you share the written evaluation with St. John's Episcopal School.

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not accepting the applicant or for immediate termination of matriculation at any point in the future if the applicant is accepted. I authorize the verification of any or all information listed above.

Signature of Parent 1: _____ Date: _____

Signature of Parent 2: _____ Date: _____

St. John's Episcopal School does not discriminate on the basis of race, color, national or ethnic origin, religion, sex, or handicap in the recruitment and admission of its students.

Mail to: St. John's Episcopal School, Office of Admissions, 3427 Olney Laytonsville Road, Olney, MD 20832