

AYLETT COUNTRY DAY SCHOOL

ADMISSION APPLICATION

Application for Grade _____
School Year 20____-20_____

| | | | | |
|--|------------------|---------------------|--------|-------------|
| Applicant's Name _____ | | | | |
| Last | | First | Middle | Name Called |
| Address _____ | | | | |
| Street | | | | |
| City | | | State | Zip |
| Applicant's Social Security Number _____ | | Date of Birth _____ | | |
| Current Age _____ | Home Phone _____ | | | |

Contact Information

Father's Name: Mr. _____ Dr. _____ Rev. _____

Mother's Name: Ms. _____ Mrs. _____ Dr. _____ Rev. _____

Last First MI

Last First MI

Name Called _____

Name Called _____

Address _____

Address _____

Home Phone _____ Business Phone _____

Home Phone _____ Business Phone _____

Father's Employer _____

Mother's Employer _____

Financial responsibility for the applicant will be assumed by _____

| Name (s) | Relationship to Applicant | |
|------------------------------|---------------------------|-------|
| _____ | _____ | |
| Social Security Number _____ | | |
| Address _____ | | |
| _____ | _____ | _____ |
| City | State | Zip |

| | | |
|--|---------------------|--------|
| Applicant's current school _____ | Current Grade _____ | |
| Address _____ | | |
| Street | | |
| _____ | _____ | _____ |
| City | State | Zip |
| Name of Principal/Head of School _____ | | |
| List any other previous schools attended _____ | | |
| Name of school | Dates attended | Grades |
| _____ | _____ | _____ |
| Name of school | Dates attended | Grades |
| _____ | _____ | _____ |
| Name of school | Date attended | Grades |
| _____ | _____ | _____ |

Are there any special circumstances which should be considered in evaluating this applicant?

Does the applicant have any special health/emotional problems, or has he/she been evaluated for speech, vision, or any learning disability?

How did you first become interested in Aylett Country Day School? _____ Print Ad _____
Open House _____ Preschool Referral _____ Phone Book _____ Website _____ Educational Consultant _____
Friend's Name _____ Other _____

Please use this space to provide any additional information for us as we review this application.

Please Read Carefully: A non-refundable \$25.00 testing and application fee must accompany this application.

Please attach a recent photograph of the applicant (optional).

Date of Application _____ Parent/Guardian
Signature _____

Please return application to: Aylett Country Day School, Admissions Office, P.O. Box 70, Millers Tavern, VA 23115

Aylett Country Day School admits students of any race, color, creed, national and ethnic origin, and gender to all rights, privileges, programs, and activities generally accorded or made available to all students at the school. It does not discriminate on the basis of race, color, creed, national or ethnic origin, or gender in administration of its educational policies, admission policies, scholarship and financial aid programs, athletic and/or any other school administered programs.

804-443-3214 Phone
804-443-3064 Fax