



209 West 27th Street - Austin, Texas 78705
(512) 472-8866
allsaintseds@gmail.com

Application for Admission

An \$90 non-refundable application fee must accompany this application.

Date of application _____ for admission in August of _____

Applicant _____
(Last) (First) (Middle) (Preferred)

Address _____
(Full address including zip) (Street) (City) (State/Zip)

Telephone Number(s): _____

Preferred family email: _____

Birthdate _____ Male Female

School child is currently attending _____

His/Her current class is for _____ year olds and meets _____
days a week for _____ hours each day.

Applying to

- 2 Day 2's
- 3 Day 3's
- 5 Day 3's
- Pre-K I
- Pre-K II
- Kindergarten

Admission Priorities

Should there be more applicants than space available, the School forms a Waiting Pool. The following priorities will be used in admitting students from the Waiting Pool. Please check all those that apply.

- Sibling of active student
- Child of active communicants of All Saints' Episcopal Church, Austin, Texas
- Child whose family has been closely involved with the Day School. Please describe:

Allergies: _____

Asthma: _____ Other illnesses or diseases that may affect your child's general health: _____

Are any of these severe/potentially life threatening?

Have any behavioral, psychological or educational evaluations of your child been done?

No

Yes When and by whom?

Has outside support been recommended for this applicant? Please describe.

Are you applying for tuition assistance? Yes No

If your child is admitted to the School, at this time do you expect your child will attend Kindergarten at All Saints' Episcopal Day School. Yes No Unsure

If you are unsure, would you like additional information about our Kindergarten?

Yes No

Would you be interested in receiving information from All Saints' Episcopal Church?

Yes No

(Optional Questions

Each year the National Association of Independent Schools (NAIS), the National Association of Episcopal Schools (NAES) and the Episcopal Diocese of Texas asks the School to provide statistics on the incoming classes; please check all boxes that apply:

African American

Caucasian

Latino/Hispanic

Native American or Native Alaskan

Multi-racial

Middle Eastern American

Other _____

Religious Preference: _____ Church Affiliation: _____)

Applicant's Family

Check if applicable: Parents separated Parents divorced
 Mother is deceased Father is deceased

If parents are separated or divorced, which has custody of the applicant? _____

Parent 1

Name: _____ Phone Number: _____

Full Address: _____ Zip: _____

Occupation: _____ Business Phone: _____

Place of Employment: _____

Parent 2

Name: _____ Phone Number: _____

Full Address: _____ Zip: _____

Occupation: _____ Business Phone: _____

Place of Employment: _____

Step Parent/Guardian Information

Name: _____ Phone Number: _____

Full Address: _____ Zip: _____

Occupation: _____ Business Phone: _____

Place of Employment: _____

Step Parent/Guardian Information

Name: _____ Phone Number: _____

Full Address: _____ Zip: _____

Occupation: _____ Business Phone: _____

Place of Employment: _____

List *all* the children in your family (including applicant) in order of birth:

Name _____ Age _____

Sex _____ Present Grade/ School Attending _____

Name _____ Age _____

Sex _____ Present Grade/ School Attending _____

Name _____ Age _____

Sex _____ Present Grade/ School Attending _____

Name _____ Age _____

Sex _____ Present Grade/ School Attending _____

Name _____ Age _____

Sex _____ Present Grade/ School Attending _____

How did you find out about the Day School?

Friend NP AD Mag AD Other _____

All Saints' Episcopal Day School does not discriminate on the basis of race, color, sexual orientation, religion, national or ethnic origin in the administration of its admissions and education policies, financial assistance programs, employment practices, and other school-administered programs.

FOR OFFICE USE

Date application was received: _____ Check# _____