



St. Luke's Episcopal School

A non refundable \$50 application fee must accompany each application. Thank you.

STUDENT

Please print or type.

Date ____/____/____

Last _____ First _____ Middle _____ Preferred Name _____

Street _____ Home Phone (____) _____

City _____ State _____ Zip _____

Country of Citizenship _____ Primary Language _____

Date of Birth ____/____/____ City & State of Birth _____ Age ____ Sex M F

Ethnicity (Optional) Caucasian Hispanic Middle-Eastern Other _____
 Multi-Racial African/American Asian/Pacific Native American

Religion (Optional) _____ Place of Worship _____

Present Grade _____ Applying to enter for School Year _____ - _____

Grade level applying for:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> 3yr. old
(3 years old by Sept. 1st) | <input type="checkbox"/> Prekindergarten
(4 years old by Sept. 1st) | Elementary
<input type="checkbox"/> Grade 1 <input type="checkbox"/> Grade 4
<input type="checkbox"/> Grade 2 <input type="checkbox"/> Grade 5
<input type="checkbox"/> Grade 3 | Middle School
<input type="checkbox"/> Grade 6
<input type="checkbox"/> Grade 7
<input type="checkbox"/> Grade 8 |
| | <input type="checkbox"/> Kindergarten
(5 years old by Sept. 1st) | | |

STUDENT'S EDUCATIONAL HISTORY

List Schools Attended Beginning with the Current School:

School _____ Grade(s) _____ Dates attended _____

Address _____ Telephone () _____

School _____ Grade(s) _____ Dates attended _____

Address _____ Telephone () _____

School _____ Grade(s) _____ Dates attended _____

Address _____ Telephone () _____

Has the applicant ever skipped or repeated a grade? If so, please indicate grade(s) and circumstances.

Has the applicant ever been ___ dismissed ___ suspended or ___ denied readmission from any school for any reason? If yes, please explain: _____

Describe any special circumstances that have affected the applicant's performance in school:

Has the applicant had academic testing or evaluation? Yes Date(s) _____ No

If yes, please list the name, address, and telephone number of the person who administered the evaluation.

Name _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

FATHER

(Please Check) Father Stepfather Guardian
(Please Check) Mr. Dr. Rev. Other _____

Last _____ First _____ Middle _____ Preferred Name _____

Street _____ Home Phone (_____) _____

City _____ State _____ Zip _____

Place of Employment _____ Title _____

Street _____ Work Phone _____

City _____ State _____ Zip _____

Primary Email _____ Cell Phone (_____) _____

Ethnicity (Optional) Caucasian Hispanic Middle-Eastern Other _____
 Multi-Racial African/American Asian/Pacific Native American

Religion (Optional) _____ Place of Worship _____

MOTHER

(Please Check) Mother Stepmother Guardian
(Please Check) Mrs. Ms. Dr. Other _____

Last _____ First _____ Middle _____ Preferred Name _____

Street _____ Home Phone (_____) _____

City _____ State _____ Zip _____

Place of Employment _____ Title _____

Street _____ Work Phone _____

City _____ State _____ Zip _____

Primary Email _____ Cell Phone (_____) _____

Ethnicity (Optional) Caucasian Hispanic Middle-Eastern Other _____
 Multi-Racial African/American Asian/Pacific Native American

Religion (Optional) _____ Place of Worship _____

PARENTS

Applicant lives with:

- | | |
|--|---|
| <input type="checkbox"/> Mother & Father | <input type="checkbox"/> Legal Guardian |
| <input type="checkbox"/> Father | <input type="checkbox"/> Mother |
| <input type="checkbox"/> Stepfather | <input type="checkbox"/> Stepmother |

Check if Appropriate

- | | |
|---|---|
| <input type="checkbox"/> Parents Separated* | <input type="checkbox"/> Father Deceased |
| <input type="checkbox"/> Parents Divorced* | <input type="checkbox"/> Mother Remarried |
| <input type="checkbox"/> Mother Deceased | <input type="checkbox"/> Father Remarried |

*If Parents are divorced or separated, to whom should the correspondence and billing be sent?

Name _____ Phone (_____) _____

Street _____ City _____ State _____ Zip _____

Are you a member of St. Luke's Episcopal Church? Yes No

APPLICANT'S SIBLINGS

Name _____ Date of Birth ____/____/____ Grade _____ School _____

Name _____ Date of Birth ____/____/____ Grade _____ School _____

Name _____ Date of Birth ____/____/____ Grade _____ School _____

Name _____ Date of Birth ____/____/____ Grade _____ School _____

Name _____ Date of Birth ____/____/____ Grade _____ School _____

ST. LUKE'S EPISCOPAL SCHOOL ALUMNI

Does the student have relatives who attend or attended St. Luke's? Yes No

If yes, please give name, relationship, years attended and year graduated:

Name _____ Relationship _____ Years Attended _____ Year Graduated _____

Name _____ Relationship _____ Years Attended _____ Year Graduated _____

Name _____ Relationship _____ Years Attended _____ Year Graduated _____

How did you become interested in St. Luke's Episcopal School?

- | | |
|---|--|
| <input type="checkbox"/> Current St. Luke's student or family | <input type="checkbox"/> Former St. Luke's student or family |
| <input type="checkbox"/> Friend or relative | <input type="checkbox"/> School teacher |
| <input type="checkbox"/> Independent School Directory | <input type="checkbox"/> Phone Book/Yellow Pages |
| <input type="checkbox"/> Website | <input type="checkbox"/> Realtor |
| <input type="checkbox"/> Mail | <input type="checkbox"/> Advertisement |
| <input type="checkbox"/> Other _____ | |

We were referred by: _____

FINANCIAL ASSISTANCE

Are you interested in financial assistance? Yes No

If applying for financial aid, pick up forms from the school business office. The ability of a family to pay tuition is not a factor in determining admission to the school.

OFFICE USE ONLY

Application Received ____/____/____ Fee Received ____/____/____ Check# _____
Date Date

Enrollment Date ____/____/____ Notes _____

ADMISSION POLICY

St. Luke's Episcopal School admits qualified students of any race, color, national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students of the School. It does not discriminate on the basis of race, color, or national and ethnic origin in administration of educational policies or scholarship, loan programs, athletic and other school administered programs.

I/we certify that all the information provided above is complete, factually correct and honestly presented and that no substantive information has been omitted.

In signing this application, I/we understand that it authorizes the school to investigate my/our child's academic record and to secure other pertinent information necessary to reach an admission decision. I/we also voluntarily waive the right to access all information and materials of any kind received from St. Luke's Episcopal School from any source connected with the application.

Parent/Guardian Signature _____ Date ____/____/____

Parent/Guardian Signature _____ Date ____/____/____



St. Luke's Episcopal School

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