



Application for Admission

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 _____ Gender M F
Street _____ Home Phone () _____
City _____ State _____ Zip _____
Date of Birth ____/____/____ City & State of Birth _____ Age _____

Religion (Optional) _____ Place of Worship _____

Current Grade _____ Applying for School Year _____ - _____
Grade level applying for: Prekindergarten (4 years old by Sept. 1st) Elementary Grade 1 Grade 2 Grade 3 Grade 4 Middle School Grade 5 Grade 6 Grade 7 Grade 8
 3yr. old (3 years old by Sept. 1st) 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 _____ Phone () _____ Fax () _____
School _____ Grade(s) _____ Dates attended _____
Address _____ Phone () _____ Fax () _____
School _____ Grade(s) _____ Dates attended _____
Address _____ Phone () _____ Fax () _____

Has the applicant ever skipped or repeated a grade? Yes No If so, please indicate grade(s) and circumstances.

Has the applicant ever been ___ dismissed ___ suspended ___ or denied readmission from any school for any reason? No
If yes, please explain: _____

Describe any special circumstances that have affected the applicant's performance in school. Use separate paper if necessary.

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 _____

Please sign to grant SLES permission to contact the person listed above.

Parent/Guardian Signature _____ Date ____/____/____

PARENT 1/GUARDIAN

Title (Please Check)

Mr. Mrs. Ms. Dr. Rev. Other _____

Last _____ First _____ Middle _____

Preferred Name _____ Home Phone () _____

Street _____

City _____ State _____ Zip _____

Primary E-mail _____ Cell Phone () _____

Employment _____ Title _____

Street _____ Work Phone () _____

City _____ State _____ Zip _____

PARENT 2/GUARDIAN

Title (Please Check)

Mr. Mrs. Ms. Dr. Rev. Other _____

Last _____ First _____ Middle _____

Preferred Name _____ Home Phone () _____

Street _____

City _____ State _____ Zip _____

Primary E-mail _____ Cell Phone () _____

Employment _____ Title _____

Street _____ Work Phone () _____

City _____ State _____ Zip _____

PARENTS

Applicant lives with:

- Both Parents
- Father
- Stepfather
- Legal Guardian
- Mother
- Stepmother

Check if Appropriate

- Parents Separated*
- Parents Divorced*
- Mother Deceased
- Father Deceased
- Mother Remarried
- Father Remarried

*If Parents are divorced or separated, should both parents receive correspondence? Yes No

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

APPLICANT'S SIBLINGS

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

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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?

Current St. Luke's student or family Former St. Luke's student or family Open House

Friend or relative School teacher Street Banner

Website Phone Book/Yellow Pages

Mail Realtor

Independent School Directory Advertisement

Other _____

We were referred by: _____

FINANCIAL ASSISTANCE

If interested in applying for financial aid, please contact the school business office. The ability of a family to pay tuition is not a factor in determining admission to school.

OFFICE USE ONLY

Application Received ___/___/___ Fee Received ___/___/___ Check# _____

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, admission policies, financial aid programs, employment practices, and other school administered programs.

My signature below certifies that all the information provided on this application is complete, factually correct, and honestly presented and that no substantive information has been omitted. I understand that withholding or misrepresenting information may jeopardize admission or enrollment to St. Luke's Episcopal School.

In signing this application, I/we understand that it authorizes the school to investigate my child's academic record and to secure other pertinent information necessary to reach an admission decision. I/we understand that all information and materials gathered during the admissions process is kept strictly confidential and are the sole property of St. Luke's Episcopal School.

Parent/Guardian Signature _____

Date ____/____/____

Parent/Guardian Signature _____

Date ____/____/____
