



## Application for Admission

Palisades Episcopal School is a school honoring Christ and committed to providing a classical education challenging the mind, body and spirit.

# Application for Admission

Applying for Grade: \_\_\_\_\_

Entering Year: \_\_\_\_\_

PLEASE  
ATTACH  
PHOTO

## APPLICANT INFORMATION

Applicant's Full Name: \_\_\_\_\_  
Last First Middle

Preferred Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Father's Name: \_\_\_\_\_  
(Please include title: Dr., Mr., etc.)

Mother's Name: \_\_\_\_\_  
(Please include title: Dr., Ms., etc.)

Home Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Position: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are both parents living?  Yes  No

Status:  Married  Separated  Divorced  Remarried  Other

With whom does the applicant live? (If guardian, please state) \_\_\_\_\_

Financial correspondence should be mailed to: \_\_\_\_\_

If the student has a sibling or siblings, please list their names, ages and current schools: \_\_\_\_\_

### FOR OFFICE USE ONLY

Deposit Rec'd: \$ \_\_\_\_\_

Date: \_\_\_\_\_ By: \_\_\_\_\_

**STUDENT HISTORY**

Name of current/last school attended: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Student's special interests, honors or activities: \_\_\_\_\_  
\_\_\_\_\_

Has student ever been tested or received therapy (psychological/educational, speech, occupational, etc.) or academic tutoring outside of school? \_\_\_ Yes \_\_\_ No **If yes, please attach a copy of the report.**

Is student taking any medication on a regular basis? \_\_\_ Yes \_\_\_ No If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_

Does student have a physical or medical health problem which might interfere with regular school work at Palisades Episcopal School? \_\_\_ Yes \_\_\_ No If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_

Has student ever consulted or been referred to a counselor for professional assistance? \_\_\_ Yes \_\_\_ No

If yes, please specify: \_\_\_\_\_

Has student ever been suspended or dismissed for academic, honor, disciplinary or other reasons?

\_\_\_ Yes \_\_\_ No If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_

**DETAILS**

How did you hear about PES? \_\_\_ Website \_\_\_ Sign \_\_\_ Newspaper \_\_\_ Other: \_\_\_\_\_

Do you wish to receive information about Indexed Tuition? \_\_\_ Yes \_\_\_ No

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
Parent or Guardian

**Admissions decisions are made when the entire application process is complete.**

