

The Jefferson School

22051 Wilson Road, Georgetown, Delaware 19947 — www.jeffersonschool.com

APPLICATION FOR ADMISSION

Applicant's Name _____ Male _____ Female _____
Last First Middle _____ Nickname _____

Address _____ Age _____ Applying for School Year _____ Grade _____

Telephone _____
Social Security _____
Date of Birth _____ Place of Birth _____
Month Day Year City _____ State _____ Country _____
Present School _____ Present Grade _____ Years Attended _____

Parent _____ Parent _____
Home Address _____ Home Address _____
Occupation _____ Occupation _____
Business Phone _____ Business Phone _____

Marital Status of Parents:

Married _____ Separated _____ Divorced _____ Single _____ Widowed _____ (Deceased: Father _____ Mother _____)

Number of Brothers _____ Name _____ Date of Birth _____
Name _____ Date of Birth _____
Name _____ Date of Birth _____
Number of Sisters _____ Name _____ Date of Birth _____
Name _____ Date of Birth _____
Name _____ Date of Birth _____

Additional information about a circumstance or condition which requires special attention: _____

Has the above child had any previous educational testing by his/her school district or another outside agency? Yes ___ No ___
If yes, please indicate which tests were administered and by what organization or agency _____

Are you interested in after school care? Yes ___ No ___

How did you hear about The Jefferson School? _____

Every Application for Admission must be accompanied by a \$100, nonrefundable application fee. Please make your check payable to "The Jefferson School." After the Executive Board of Directors accepts the application, a Student Enrollment Agreement, Health Form and Emergency Contact Form will be sent. The signed agreement, along with a \$600 deposit, Emergency Contact Form, Birth Certificate, Social Security and Immunization Records must be received in the office prior to your child beginning school. If your application is for the next school year, a \$600 deposit is due by March 15.

In case of an emergency, those acting on behalf of the school are authorized by the pupil's parents/guardians to make necessary decisions concerning the care of individual pupils.

We hereby make application for the admission of the child named above to The Jefferson School, an independent school, and we accept the terms indicated in this Application.

Signed: _____ Date: _____
Signed: _____ Date: _____

It is the policy of The Jefferson School not to discriminate on the basis of sex, race, color, creed or national origin in the administration of educational policy, selection of faculty, admissions, policies, scholarships or loan programs.