



22051 Wilson Road, Georgetown, Delaware 19947
www.jeffersonschool.com
302.856.3300

APPLICATION FOR ADMISSION

Applicant's Name _____ Male _____ Female _____

Address _____ Age _____ Applying for School Year _____ Grade _____

_____ Social Security _____

Telephone _____ Place of Birth _____

_____ City _____ State _____ Country _____

Date of Birth _____ Present Grade _____ Years Attended _____

_____ Present School _____

Parent _____ Parent _____

Home Address _____ Home Address _____

Occupation _____ Occupation _____

Business Phone _____ Business Phone _____

Work Email _____ Work Email _____

Home Email _____ Home Email _____

Marital Status of Parents:

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

Siblings Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Grandparent(s) _____ Address _____

Grandparent(s) _____ Address _____

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. _____

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."

We hereby make application for the admission of a child named above to The Jefferson School.

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.