



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 \_\_\_\_\_  
Month Day Year 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 \_\_\_\_\_ )

Sibling(s): Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
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." After the applicant is approved for admission, 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.

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.