

Grace Episcopal Day School

Enrollment Form 2012-2013

Check One

Pre K 3
3 by 9/1/12

Pre K 4
4 by 9/1/12

Transition 5

Kindergarten

Elementary

Middle School

___ MTW

___ MTW

___ T-5

___ K

___ 1st
___ 2nd
___ 3rd
___ 4th
___ 5th
___ 6th

___ 7th
___ 8th

___ 5 day

___ 5 day

1. Name of Child _____
(Last) (First) (Middle) (Name used in class)

2. Male _____ Female _____ Age _____ Date of Birth _____
(Month/day/year)

3. Home Address _____
Street City State Zip

4. Home Phone _____ 5. Primary Contact Email _____

6. I give permission for the inclusion of my address and phone number on a class roster and in a school directory.

These lists will be used exclusively for Grace Episcopal Day School. ___ Yes ___ No

I understand that during the year photographs which include my child may be taken for school, yearbook and promotional purposes. This may include social networks as well.

I give permission for GEDS to use these pictures of my child. ___ Yes ___ No

7. Father's Name _____ Email _____
(Please indicate Mr., Dr., Rev., etc.)

Address (If different from above) _____

Business Name _____ Occupation _____

Business Phone _____ Cellular _____

8. Mother's Name _____ Email _____
(Please indicate Mrs., Miss, Ms., Dr., etc.)

Address (If different from above) _____

Business Name _____ Occupation _____

Business Phone _____ Cellular _____

9. Child lives with: (Circle) Both Parents Mother Father Other _____

10. Who has legal custody? (Circle) Both Parents Mother Father Other _____

11. Who is financially responsible for tuition payments? (Circle)

Both Parents Mother Father Other _____

12. Church Membership _____ Episcopal? ____ Yes ____ No

(This information is necessary for the National Association of Episcopal Schools report)

13. Child is a: (check) ____ Re-enrolling Student ____ New Student - Current School _____

____ Sibling to GEDS Student, Name of Sibling _____

____ Alumni to GEDS, Name _____

14. Paternal Grandparent's Name _____

Complete Address _____

Maternal Grandparent's Name _____

Complete Address _____

15. May we include grandparents on our mailing list? ____ Yes ____ No

16. National Origin: (Optional) (This information is used for our annual accreditation report.)

____ African American ____ Asian ____ Caucasian ____ Hispanic/Latino

____ Middle Eastern ____ Multiracial ____ Native American ____ Other

17. Does your child have any allergies or medical conditions that require attention? ____ Yes ____ No

If you answered yes, please describe _____

18. Is your child currently on medication? ____ Yes ____ No If so, what medication _____

19. Emergency Contact Information (other than parents)

Physician _____ Phone _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

20. Pick Up Information (other than parents, authorized to pick up child up from school.)

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Parent Signature _____ Date _____

Grace Episcopal Day School admits qualified students of any race, creed, color, sex, or national origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school

Grace Episcopal Day School
156 Kingsley Avenue
Orange Park, FL 32073
904-269-3718
www.geds.net