

St. GEORGE'S EPISCOPAL SCHOOL

Application for Admission

Please
Attach
Photo
Here

Applying for Grade _____

Boy Girl

Applicant's Legal Name (first, middle, last) _____

Prefer to be called _____

Home Address (street, city, state, zip code) _____

Home Phone _____

Family's Religious Preference _____

Age _____

Birthdate _____

Place of Birth _____

Applicant's parents live:

Together

Separated

Divorced

If divorced, who has legal custody? _____

With whom does the Applicant live? _____

Current School _____

Parent Information

Father Stepfather Male Guardian

Mother Stepmother Female Guardian

Name _____

Name _____

Home Address (if different from student's) _____

Home Address (if different from student's) _____

City, State, Zip _____

City, State, Zip _____

Home Phone (if different from student's) _____

Home Phone (if different from student's) _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Work Address _____

Work Address _____

City, State, Zip _____

City, State, Zip _____

Work Phone _____

Work Phone _____

Cell Phone Number _____

Cell Phone Number _____

E-mail Address _____

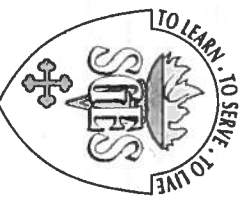
E-mail Address _____

High School _____ College _____ College Degree _____ Prof Degree _____
(circle one)

High School _____ College _____ College Degree _____ Prof Degree _____
(circle one)

Information provided for the purposes of student Admission to St. George's Episcopal School becomes the property of St. George's Episcopal School after the application and fee have been submitted.

103 BIRCH STREET, MILNER, GA 30257



St. GEORGE'S EPISCOPAL SCHOOL

103 BIRCH STREET
MILNER, GA 30257
PHONE: 770-358-9432 FAX: 770-358-9495
WEBSITE: WWW.SGES.ORG

Please list all of the applicant's siblings:

Name	Birthday	Grade	School Attending
Name	Birthday	Grade	School Attending
Name	Birthday	Grade	School Attending

Please list all of the schools the applicant has attended:

Grade	Dates Attended	Name of School
Grade	Dates Attended	Name of School
Grade	Dates Attended	Name of School

Is the applicant currently enrolled in an accelerated or honors/gifted program? Yes No
(If so, please describe.) _____

Has the applicant benefited from a program designed for students with special academic needs? Yes No
(If so, please describe.) _____

Has the applicant ever been suspended or expelled from school? Yes No
(If so, please explain.) _____

What are the applicant's special academic interests, community activities, or talents? _____

In what ways do you expect your child to benefit from St. George's Episcopal School education? _____

In what ways do you think your child can contribute his or her talents to St. George's Episcopal School? _____

How did you hear about St. George's Episcopal School? _____

Do you plan to apply for financial aid? Yes No (Information will be sent after January 1st)

Who will be financially responsible for this student? _____

Application/test fee of \$100 must accompany the application form (non-refundable)

Signature of parent or guardian _____ Date _____

St. George's Episcopal School admits students of any race, color, national or ethnic origin. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, scholarships, athletic programs or any school-administered programs.

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St. George's Episcopal School

Confidential Health Information

(Upon the applicant's enrollment at St. George's Episcopal School, the following information will become part of the student's medical file in the office.)

Applicant's Name _____

Physician's Name _____ Phone: _____

Address (street, city, state, zip code) _____

Does the applicant have any health or physical limitations? Yes No
If so, please explain. _____

Does the applicant require any special attention in the classroom or in PE? Yes No
If so, please explain. _____

Has school attendance been regular? Yes No
If not, please explain. _____

Has the applicant ever received psychological testing or counseling? Yes No
If yes, please specify. _____

Is the applicant now taking or has ever taken medication on a regular basis? Yes No
(If yes, please list condition and dosage.) _____

Has it been necessary at any time to restrict the activity or diet of the applicant? Yes No
(If yes, why?) _____

Are there any emotional or behavioral conditions the school should be aware of? Yes No
If yes, please explain. _____

Is there any other health information the school should be aware of? Yes No
If yes, please explain. _____

Does your child have any special learning needs? Yes No
If yes, please explain. _____

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