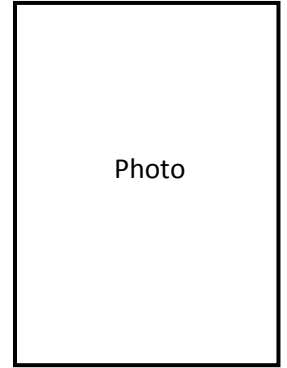




New Student

The Canterbury Episcopal School
1708 N. Westmoreland Rd. ♦ DeSoto, Texas 75115
(972) 572-7200 ♦ fax - (972) 572-7400
www.TheCanterburySchool.org



Application for Admission 2010-2011

Please print or type

Date of Application _____ Applying to Grade _____

Applicant's Full Legal Name _____

Last _____ First _____ Middle _____ Name Used _____
Date of Birth _____ Male Female SS# _____

Ethnicity (U.S. Government and Accreditation Agencies Required Data)

- African American Asian American Caucasian Hispanic/Latino
 Middle Eastern American Multi-Racial Native American International

What languages are spoken at home? _____

Applicant's Home Address _____
Number and Street

City _____ State _____ Zip _____ Home Phone Number _____
Applicant's Present School _____

Number and Street _____ City _____ State _____ Zip Code _____
School Phone Number _____ Years at School ____ Contact at Present School _____

Schools attended in the past three years

<u>School Name</u>	<u>Grade</u>	<u>Address</u>	<u>Teacher/Administrator</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student's Religious Affiliation _____ Communicant of the Episcopal Church? Yes No

Parent / Guardian

Relationship to Child _____

Full Name _____

Home Address _____

Home Phone # _____

Cell Phone # _____

Email Address _____

Employer _____

Occupation / Position _____

Business Address _____

Business Phone # _____

Parent / Guardian

Relationship to Child _____

Full Name _____

Home Address _____

Home Phone # _____

Cell Phone # _____

Email Address _____

Employer _____

Occupation / Position _____

Business Address _____

Business Phone # _____

Stepparents Name – *if applicable*

Stepparents Name – *if applicable*

Email Address _____

Email Address _____

Parents are living: Together Separated Divorced Mother Remarried Father Remarried
 Natural Father Deceased Natural Mother Deceased

Applicant is living with: Parents Mother Father Other (specify) _____

Paternal Grandparent's Name(s) and address _____

Maternal Grandparent's Name(s) and address _____

To what other schools is this child applying? _____

Other children in family (please give names, ages, school they are currently enrolled in)

Name _____ Age ____ School _____

Name _____ Age ____ School _____

Name _____ Age ____ School _____

Are any of these children applying to Canterbury? _____

Has applicant applied to Canterbury prior to this year? Yes No What grade(s)? _____

Has diagnostic testing been recommended? Yes No By whom? _____

If yes, was diagnostic testing completed? Yes No Date Completed _____

A COPY OF THE TEST RESULTS MUST ACCOMPANY THIS APPLICATION.

Please help us know your child better by completing the questions below.

1. Were you referred to Canterbury by an existing family, if yes, who may we thank for the referral?
2. What factors contributed to your decision to apply to The Canterbury Episcopal School?
3. Have other family members or relatives been associated with Canterbury previously? Yes No
4. Please note Canterbury students or parents that you know.
5. What are your child's special interests, organizations, sports or other activities?
6. To assist us with our daily academic, fine arts, or athletic programs, please describe any condition that might affect your child's participation.
7. Are there any special medical needs that should be met at school?

If you feel it would be helpful, please attach a separate sheet elaborating on the items above.

I understand that withholding or misrepresenting information requested in this application may jeopardize admission or enrollment at The Canterbury Episcopal School. My signature below indicates that all information contained in this application is correct, complete and honestly presented.

Signature of parent or guardian

Date

Signature of parent or guardian

Date

To the Parents(s)/Guardian(s): Please read and sign the statement below.

I acknowledge that by signing below I waive my right to read the confidential teacher evaluation and school report for the aforementioned candidate. I understand that this information will not become part of his/her permanent file, nor will this information be forwarded to any other institution without my prior written approval.

Signature of parent or guardian

Date

Signature of parent or guardian

Date

Reminder: A \$150 non-refundable application fee should accompany the completed application.

The Canterbury Episcopal School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs or other school-administered programs.