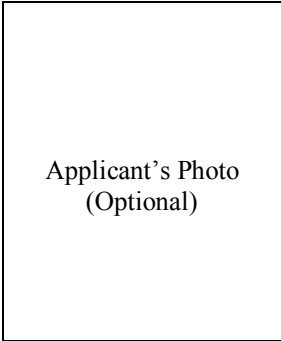




SEABURY SCHOOL APPLICATION FOR ADMISSION



FAMILY INFORMATION

Name of applicant: _____
LAST FIRST MIDDLE

This application is for grade: _____ for school year 20____ - 20____ ELC Half Day_____ Full Day_____

Applicant's gender: _____ Applicant's birth date: _____ Citizenship: _____

Applicant's address: _____
STREET CITY STATE ZIP HOME PHONE

Name of parent(s) or guardian:

DR. MR. MS. MRS.

DR. MR. MS. MRS.

PARENT'S/GUARDIAN'S NAME _____

PARENT'S/GUARDIAN'S NAME _____

OCCUPATION/TITLE _____ EMPLOYER/COMPANY _____

OCCUPATION/TITLE _____ EMPLOYER/COMPANY _____

OFFICE PHONE _____ CELL/PAGER _____

OFFICE PHONE _____ CELL/PAGER _____

E-MAIL ADDRESS (FOR OFFICIAL SEABURY COMMUNICATION) _____

E-MAIL ADDRESS (FOR OFFICIAL SEABURY COMMUNICATIONS) _____

Please check all that apply:

Parents married

Father remarried

Mother remarried

Parents separated

Father deceased

Mother deceased

Parents divorced

Applicant lives with father

Applicant lives with mother

If the applicant does not live with both parents, please provide the name and address of the parent who does not live with the applicant:

DR. MR. MS. MRS.

PARENTS/GUARDIAN'S NAME _____

STREET ADDRESS _____

CITY _____ STATE ZIP _____

HOME PHONE _____

Do you wish to apply for need-based financial aid? Yes No (A financial aid application will be mailed to you.)

EDUCATION

School now attending/last attended: _____
SCHOOL

SCHOOL ADDRESS _____ CITY STATE ZIP PHONE NUMBER _____

Teacher/Counselor who best knows the applicant: _____
NAME POSITION

TEACHER'S ADDRESS (IF NOT SCHOOL ADDRESS) _____ CITY STATE ZIP TEACHER'S EMAIL _____

A \$100 NON-REFUNDABLE PROCESSING FEE IS REQUIRED WITH THIS APPLICATION

PARENT'S SIGNATURE _____ DATE _____