

Application Form



S A I N T

GEORGE'S

S C H O O L

For your convenience, this document can be filled out on screen.
However, because we need your signature on pages 4 and 6,
we ask that you print it out and mail it to us with the
applicable fees and supporting material.

Admissions Application Non-Refundable Application Fee \$50.00

Application for grade _____ . For the school year 20____ - 20____

Applicant Name _____
Last First
Nickname _____

Birthdate _____ Age _____ Male Female

Student Social Security # _____

Name of Father _____
 Mr. Dr. Other

Name of Mother _____
 Mrs. Ms. Dr. Other

Home Address _____

Home Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Occupation _____ Years with Firm _____

Occupation _____ Years with Firm _____

Employer _____

Employer _____

Home Phone _____ Business Phone _____

Home Phone _____ Business Phone _____

Email Address _____

Email Address _____

Saint George's Alumna? Yes No Class Year _____

Saint George's Alumna? Yes No Class Year _____

College/Degrees _____

College/Degrees _____

Paternal Grandparent Name _____

Maternal Grandparent Name _____

Address _____

Address _____

Student lives with: _____

School(s) attended by applicant during the last four years:

School #1 _____

School #2 _____

Address _____

Address _____

City _____ State _____ Zip _____ Phone _____

City _____ State _____ Zip _____ Phone _____

Dates of Attendance: _____

Dates of Attendance: _____

Academic References - Please list the names of two people who have recently been in close touch with the applicant's academic work: (Please list current teachers whenever possible). Only one is necessary for kindergarten applicants. High School applicants must list their English or History and Math teacher.

Name _____

Name _____

Current Teacher Yes No

Current Teacher Yes No

Position _____

Position _____

School _____

School _____

Address _____

Address _____

Applicant Personal History

Please jot down a few phrases or words that you feel describe your child.

Please include information you feel might be helpful to us as we evaluate this application, including the student's academic abilities, achievements, motivations and social development.

What are the applicant's hobbies? Athletic, artistic, musical or other extracurricular interests?

How did you learn about our school and what prompts you to seek admission to Saint George's School for your child?

If there are circumstances which have affected or might affect your child's school performance, please explain below. *For example: Skipping or repeating a grade; specific learning style; frequent changes of school; loss of a significant person through death or divorce; serious illness in the family; reconfiguration of the family unit, etc.*

Please check all appropriate information which applies:

- Father Deceased Mother Deceased Parents Separated Parents Divorced Joint Custody Child Adopted
 Father Remarried Mother Remarried

Please list all relatives who have attended Saint George's School.

Please list other children in the family and their ages:

Name _____ Age _____ Current School & Grade _____

Name _____ Age _____ Current School & Grade _____

Name _____ Age _____ Current School & Grade _____

Parent Signature Date

Please send this application to:

Admissions Associate
Saint George's School
2929 West Waikiki Road
Spokane, WA 99208-9298 USA
Phone (509) 466-1636
Fax (509) 467-3258

Note to Parents: The "Request for Records" form is used only for transferring student records **after** enrollment in Saint George's School. You are still responsible for providing photocopies of current grades, progress reports, and the latest standardized test scores to Saint George's for the admissions process.

Saint George's School admits and offers financial aid to students of any race, color, national or ethnic origin.

Request for Records

From: Saint George's School
2929 West Waikiki Road
Spokane, WA 99208-9298
Phone (509) 466-1636
Fax (509) 467-3258

Name of Student _____

Birthdate _____ Current Grade _____

Please send the permanent, complete file for the student named above. This should include a complete transcript of credits, immunization records, and grade marks to date, as well as any standardized test data available.

Parents: Please sign this form and return it with your application to Saint George's School. Under the provision of public law #93-380, I hereby give my permission to release the information requested above.

Signature of Parent or Guardian

Signature of Saint George's Registrar