

Have you ever applied for admission to this school? _____ If yes, when? _____

Communicant of San Jose Episcopal Church? _____

Sibling of? _____ Alumni? _____ Year attended? _____

Name of current school _____

Current school address _____

City _____ State _____ Zip _____

Grade _____ Teacher _____ Phone # _____

Schools previously attended _____

Has your child ever repeated a grade? yes no Which grade? _____

Has your child ever been dismissed from school? yes no

Suspended? yes no

Received severe disciplinary action? yes no

Please give details, name of school, principal's name. _____

Who will be financially responsible to the school? _____

child lives with: both parents mother father other, explain _____

Siblings/Age _____ School(s) attending _____

Does your child require special accommodations i.e., daily medications? _____ If yes, explain _____

Were you referred to SJEDS by a current family or staff member? yes no If so, please list name. _____

parent's signatures

____/____/____

____/____/____

Your signature authorizes San Jose Episcopal Day School to request transcripts and academic information on your child. Parent agrees to not seek access to confidential recommendations and evaluation materials before or after the admissions decision is made.

PLEASE MAIL OR FAX TO:

San Jose Episcopal Day School • 7423 San Jose Boulevard • Jacksonville, FL 32217

PHONE: 904-733-0352 • FAX: 904-733-2582

Grades Pre-K & Kindergarten



Child's Name: _____

Preferred Name: _____

Birthdate: ____ / ____ / ____ Grade Entering: _____

Child lives with: both parents mother father other (please note) _____

Does your child have any allergies? yes no If so, please explain: _____

Name, address, and phone number of child's most recent school or caregiver: _____

The following information is to help us know and understand your child.

Please note any significant information prior, during, or following birth: _____

Please list three interests your child has at this time: _____

Please list your child's three favorite toys at this time: _____

Please describe your child's likes: _____

Please describe your child's fears/dislikes: _____

Please tell us about your child's temperament and strengths: _____

Please comment about anything you feel would be beneficial for us to know: _____

Please mark each of the following responses with a (Y) Yes, (N) No, or (S) Sometimes. Add comments if you feel they would be helpful to the teachers working with your child.

- | | | | |
|---|---------------------------------|---------------------------------|--|
| <input type="checkbox"/> Clings to | <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> Looks at books on own |
| <input type="checkbox"/> Is comfortable away from parents | | | <input type="checkbox"/> Initiates own play |
| <input type="checkbox"/> Enters new activities with ease | | | <input type="checkbox"/> Puts away toys |
| <input type="checkbox"/> Cries when left with a sitter/caregiver | | | <input type="checkbox"/> Puts on own clothing |
| <input type="checkbox"/> Seldom talks to others | | | <input type="checkbox"/> Uses scissors |
| <input type="checkbox"/> Verbally asks for things | | | <input type="checkbox"/> Holds a crayon with a firm grip |
| <input type="checkbox"/> Verbally expresses feelings to others | | | <input type="checkbox"/> Uses specific vocabulary for objects |
| <input type="checkbox"/> Understands and accepts others' feelings | | | <input type="checkbox"/> Speaks in a manner that is understandable to others |
| <input type="checkbox"/> Plays well with other children | | | <input type="checkbox"/> Spent time crawling as a baby |
| <input type="checkbox"/> Makes own decisions | | | <input type="checkbox"/> Energetic |
| <input type="checkbox"/> Is attentive | | | <input type="checkbox"/> Lethargic |
| <input type="checkbox"/> Listens to verbal directions | | | <input type="checkbox"/> Is easily excited |
| <input type="checkbox"/> Listens when a story is read aloud | | | <input type="checkbox"/> Timid |

Comments _____

Parent Signature _____ Date _____

