



2525 Seagler Road • Houston, TX 77042
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| | |
|---------------|-------|
| Deposit | _____ |
| Pending | _____ |
| Accepted | _____ |
| Date to begin | _____ |
| Contract sent | _____ |
| Homeroom | _____ |
| Withdrawn | _____ |

APPLICATION FOR ADMISSION
Early Learner's and Pre-school

Student Name _____ Sex: M / F
Last First Middle Name Preferred

Student Address _____ Home Phone _____

City, State, & Zip _____ Cell Phone _____

County _____ Ethnicity _____ Nationality _____

Date of Birth _____ Entrance Date _____
Month/Day/Year

Program Options:

Full Time _____ 7:00 AM – 6:00 PM (5 days) Part Time _____ Select preferred days and hours
(Minimum requirement: Two (2) days per week)

| | | | | |
|---------------|----------------|------------------|-----------------|---------------|
| <u>Monday</u> | <u>Tuesday</u> | <u>Wednesday</u> | <u>Thursday</u> | <u>Friday</u> |
| Arrive _____ | Arrive _____ | Arrive _____ | Arrive _____ | Arrive _____ |
| Depart _____ | Depart _____ | Depart _____ | Depart _____ | Depart _____ |

Siblings (Brothers and Sisters under 19 years of age)

| | | | |
|------------|--------------|-------------|-----------------|
| Name _____ | School _____ | Grade _____ | Birthdate _____ |
| Name _____ | School _____ | Grade _____ | Birthdate _____ |
| Name _____ | School _____ | Grade _____ | Birthdate _____ |

Parent (s) Guardian(s)

A. Father (Use Section C if father does not reside with student):

| | | | | |
|-----------------------------|-----------------------|--------|-----------|----------------|
| _____ | _____ | _____ | _____ | _____ |
| Title | First Name | Middle | Last Name | Preferred Name |
| Employer _____ | E-mail address _____ | | | |
| Position _____ | Office Phone _____ | | | |
| Religious Affiliation _____ | Church Attended _____ | | | |

B. Mother (Use Section C if mother does not reside with student):

| | | | | |
|-----------------------------|-----------------------|--------|-----------|----------------|
| _____ | _____ | _____ | _____ | _____ |
| Title | First Name | Middle | Last Name | Preferred Name |
| Employer _____ | E-mail address _____ | | | |
| Position _____ | Office Phone _____ | | | |
| Religious Affiliation _____ | Church Attended _____ | | | |

C. Parent or guardian not a member of the above household:

| | | | | |
|-----------------------------|---------------------------|--------------|-----------------|----------------------|
| Title _____ | First Name _____ | Middle _____ | Last Name _____ | Preferred Name _____ |
| Employer _____ | Employer's Business _____ | | | _____ |
| Position _____ | Office Phone _____ | | | _____ |
| Religious Affiliation _____ | Church Attended _____ | | | _____ |

Student Information

What languages, other than English, are spoken at home? _____

Medical Information

Birth Weight _____ Pregnancy Term _____ Complications _____

Please describe any unusual medical or emotional problems which have affected or may affect your child's health or schoolwork. _____

Is your child on any regular medication? If yes, please explain. _____

Have any educational, psychological or diagnostic tests been given to your child? If yes, when and by whom? _____

Does your child have any special needs? (Vision, hearing, etc.) _____

Family Information

Applicant lives with: Father and Mother Father Mother Stepfather Stepmother _____

Please describe the short and long range educational plans for your child as specifically as you can. _____

Please check if applicable: Father deceased Mother deceased Parents divorced Parents separated

If parents are divorced, which parent has legal responsibility concerning:

Custody of the student _____ financial arrangements _____

School communications _____ School related decisions _____

Additional Information _____

How did you hear of Ascension Episcopal School?

NON-REFUNDABLE APPLICATION FEE OF \$100.00 TO BE ENCLOSED WITH THIS APPLICATION

Name of Parent/Guardian (please print) _____

Signature of Parent/Guardian _____ Date _____