THE CAN 1708 N. Westmorel 972-572-7200 Fax www.TheCanterbu

THE CANTERBURY EPISCOPAL SCHOOL

1708 N. Westmoreland Rd. DeSoto, Texas 75115 972-572-7200 Fax: 972-572-7400 www.TheCanterburySchool.org

App. Recv'd ____ Fee Recv'd ____ Records Recv'd ___ Eval. Recv'd ___

Photo

APPLICATION FOR ADMISSION 2018-2019

Date of Application//	_		Applyi	ng to Grade		
APPLICANT INFORMATION						
Full Name of Applicant		First	First Middle		Preferred Name	
Home Address						
Home Phone	Cell Phon	ıe	E-mail	City 	State 	Zip
Date of Birth/////		□Male □F	emale	SS#		
Ethnicity (U.S. Government and Accred			ed Data)			
African/African American/Black Asian/Asian Amer			can/Pacific Islander Caucasian		☐Hispanic/Latino	
Middle Eastern American Multi-Racial Amer			ican	☐Native American	\Box Other	
Current School					Years at S	chool
Schools attended in the past three year	S					
School Name Grade Address				<u>Teacher/Administrator</u>		
Student's Religious Affiliation				Communicant of the	Enisconal Church	
				Communicant of the		
FAMILY INFORMATION			D			
Parent 1/ Guardian 1 Relationship to Child			Parent 2 / Guar Relationship to	<u>dian 2</u> Child		
Full Name			Full Name			
Title Dr. Mr. Mrs. Mrs.	7.	Title Dr. Mr. Mrs. Rev.				
Home Address(If different from above)			Home Address(If different from above)			
						
Home Phone #		Home Phone #				
Cell Phone #		Cell Phone #				
Email Address		Email Address				
Occupation			Occupation			
Employer			Employer			
Business Address			Business Addr	ess		
Business Phone #			Business Phor	ne #		
Check if appropriate □Parents Married □Parents Divorced □Parents Separated	ried		Student resides wi □Both parents in sa □Mother, who is cu □Father, who is cus	ame house □Bot estodial parent div	th parents who are sep worced and have joint o her	custody

FAMILY INFO	ORMATION (CON	г.)					
Grandparent	s: (Complete addr	ess requested for G	randparents	Day/Mailings)			
Paternal	Name		Stree	et Address	City	State	Zip
Matamal	Name		Stree	et Address	City	State	Zip
Maternal	Name		Stree	et Address	City	State	Zip
	Name		Stree	et Address	City	State	Zip
Other childre	en in family (please	e give names, ages,	and current s	school)			
Name		Age	School		Applying	to Canterbury? 🗌	Yes No
Name						Yes No	
Name		Age	_ School		Applying	to Canterbury?	Yes No
GUIDANCE I	NFORMATION						
Has applican	t applied to Canter	bury prior to this y	vear? ∐Yes	□No If so, when	?		
Has applican	t ever skipped a gı	rade? □Yes □N	o If so, whic	ch grade?			
Has applican	t ever repeated a g	grade? 🗌 Yes 🗍 N	lo If so, whi	ch grade?			
changes in ho	ome.) 🗌 Yes 🔲 No			•	e in school? (For exam		ui nanaicaps,
		rently is, subject to n a separate sheet (uspension, or dism	nissal from another sch	nool? [Yes]	No
		ommended? □Yes ESULTS MUST ACC			testing completed?]Yes	
To what othe	er schools is the ap	plicant applying?_					
Please tell us	who we can thank	x for referring you	to The Canter	bury Episcopal Scl	nool?		
Are there an	y special medical ı	needs that should b	e met at scho	ool? [Yes] No	If so, please explain		
	d Scholarships						
Are you apply	ying for a Need-Ba	sed Scholarship?]Yes □No				
		nancial need. Admi le to all admitted st		ns and scholarship	o awards are made sep	arately. Scholars	hip funds are
	•	,,			evocation of admission dential information in 1		
 Parent/Guardiar	n Signature		Date	Parent/Guardian	Signature	Da	ıte

Please return completed Application and \$150 non-refundable Application fee to the Canterbury Director of Admissions

Date

Applicant Signature

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.