



ADMISSIONS INFORMATION

Country Day School is a community of learners which nurtures academic excellence, personal responsibility and individual talents. Admission is based on a combination of objective and subjective criteria in order to determine that each student will benefit from and contribute to the learning environment.

All applicants for admission to *Country Day School* are considered without regard to race, gender, age, or national origin.

Application Procedure

■ Submit each of the following:

- Completed “Application for Admission” form
- Signed Record Release form (1st through 8th Grade)
- All relevant medical and educational information which relate to school performance

■ Schedule additional in-house assessments

■ Upon acceptance, the following must be submitted:

- Copy of birth certificate and current health/immunization record form (HRS 3040)
- Completed “Enrollment Agreement” form
 - Tuition Deposit



APPLICATION FOR ADMISSION

pg. 1

Grade Applying for _____

School Year 20____ - 20____

Student & Family Information

Student's Name _____

Date _____

Date of Birth _____

Male [] Female []

Home Address _____

Street Address

City

State

Zip

Telephone _____

E-mail _____

Home

Mother's Name _____

Father's Name _____

Address _____

Address _____

if different from student

if different from student

Phone _____

Phone _____

Home

Work/Cell

Home

Work/Cell

Email(s) _____ @ _____

_____ @ _____

Occupation _____

Occupation _____

If the student does not live with both parents, with whom does the child maintain a primary residence? _____

Siblings

Name Age Current School Grade

Name Age Current School Grade

Name Age Current School Grade

School History

Current School _____

Current Grade _____

Address _____

Telephone _____

Previous Schools _____

Dates _____

Dates _____

Has this applicant ever been asked to withdraw from or been dismissed from any school?

No Yes If yes, please provide details below.

Additional Information:

What are your child's special interests or abilities?

Why did you select Country Day School for your child?

Acknowledgement

Student's Name

Date

Parent/Legal Guardian Signature

Print Name

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Release of Records Authorization Form
1st – 8th Grade

To the parent or guardian:

Please complete this form, sign where indicated, and return to Country Day School to request that the records indicated below are forwarded to the following address or faxed as soon as possible.

Director of Admissions
Country Day School
11499 Vonn Road
Largo, Florida 33774
Fax: 727-596-5479

Name of Student: _____

As parent/guardian of the student named above, I authorize

| Name of Agency, Institution | Address |
|-----------------------------|---------|
|-----------------------------|---------|

to release confidential record information to the Director of Admissions at Country Day Montessori. Specific information to be released should include the following:

- _____ Academic records for the current year, as well as the previous two years in school
- _____ Copies of all standardized test results
- _____ Teachers evaluation(s) on the enclosed form(s)
- _____ Other:

I do hereby give permission for the release of my child's educational records to Country Day Montessori.

Signature of Parent or Guardian Date

Please return to Country Day/Admissions Office:

11499 Vonn Road, Largo, Florida 33774
Phone: 727-596-1902 Fax: 727-596-5479
admin@countrydaylargo.com