



CALVARY EPISCOPAL SCHOOL
603 Spring Street / P. O. Box 626
Bastrop, Texas 78602
(512) 321-1610

FOR OFFICE USE ONLY

Date received: _____

Reg. fee/Check No: _____

Deposit/Check No. _____

☐ FACTS Account

APPLICATION FOR ADMISSION

A \$100.00 non-refundable registration fee must accompany this application for new student.

Date of Application: _____

APPLICANT'S INFORMATION

Applicant for admission to:

☐ Pre-K3 (circle – Full Day Half Day)

☐ 4th Grade

☐ Pre-K4 (circle – Full Day Half Day)

☐ 5th Grade

☐ Kindergarten

☐ 6th Grade

☐ 1st Grade

☐ 7th Grade

☐ 2nd Grade

☐ 8th Grade

☐ 3rd Grade

Enrollment is based on the applicant's age as of September 1st of the entering year.

Applicant's full name: _____ **Preferred name:** _____
First Middle Last

Date of birth: _____ **Age:** _____ **Gender:** ☐ Female ☐ Male

Home address: _____
City State/Zip Code

Ethnicity: *(Each year, the National Association of Episcopal Schools (NAES) and the Episcopal Diocese of Texas asks the School to provide statistics on the incoming classes; please check all that apply.)*

☐ African American ☐ Asian American or Pacific Islander ☐ Caucasian ☐ Hispanic/Latino

☐ Multi-racial ☐ Native American or Native Alaskan ☐ Middle Eastern American ☐ Other _____

Child lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Guardian ☐ Other: _____

Calvary Episcopal School does not discriminate on the basis of race, color, religion, national or ethnic origin in the administration of its admissions and education policies, financial assistance programs, employment practices, and other school-administered programs.

Child's parents are:

☐ Together ☐ Apart ☐ Married_ ☐ Separated ☐ Divorced ☐ Mother Deceased ☐ Father Deceased

If parents are separated or divorced, who has custody of the child? _____

FAMILY INFORMATION**Mother's Information:**

Full Name: _____ First _____ Middle _____ Last _____

Address (if different from applicant): _____
No. / Street _____ City, State Zip Code _____

Home Phone: () _____ Cell Phone: _____

Work Phone: () _____ E-mail: _____

Place of Employment: _____ Occupation/Title: _____

Father's Information:

Full Name: _____ First _____ Middle _____ Last _____

Address (if different from applicant): _____
No. / Street _____ City, State Zip Code _____

Home Phone: () _____ Cell Phone: _____

Work Phone: () _____ E-mail: _____

Place of Employment: _____ Occupation/Title: _____

Step-Parent / Guardian Information:

Full Name: _____ First _____ Middle _____ Last _____

Address (if different from applicant): _____
No. / Street _____ City, State Zip Code _____

Home Phone: () _____ Cell Phone: () _____

Work Phone: () _____ E-mail: _____

Place of Employment: _____ Occupation/Title: _____

Applicant's Sibling(s):

Name(s)	Date of Birth (mm/dd/yy)	School or Daycare

If applicable, the school applicant is attending or last attended: _____

School's Name

School District

Phone No.

Address

City

State / Zip Code

Applicant's Previous Care:

Type of Care (*check all that apply*)

Age	Who provided care?	Home	Relative	Licensed in-home	Licensed Daycare

How would you describe your child? _____

How did you hear about us? _____

Did a current family or staff member refer you? If so, who was it? _____

OTHER INFORMATION

Religious Affiliation: Episcopal Church Membership: _____

In what way, if any, has a member of the applicant's family been previously associated with Calvary Episcopal Church and/or School? _____

Why do you wish to enroll your child at Calvary Episcopal School? _____

I plan for my child to attend Calvary Episcopal School through:

☐ Pre-K3 ☐ Pre-K4 ☐ Kinder ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th ☐ 7th ☐ 8th

Would you be interested in receiving information from Calvary Episcopal Church? ☐ Yes ☐ No

Applicant's Medical History:

Please describe any illnesses, diseases or physical disabilities which either have affected or may affect your child's general health, schoolwork or participation in physical activities. _____

Have any behavioral, psychological or educational evaluations of your child been done?

☐ Yes ☐ No If yes, when and by whom? _____

Applicant has a diagnosed learning difference ☐ Yes ☐ No Diagnosed by _____

Please describe: _____

If outside support has been recommended for this applicant, please describe. _____

ADMISSION PRIORITIES

(a) In admissions to Calvary Episcopal School, preference will be given, subject to the considerations below in (b), in the following order (please check all that apply).

- ☐ Current Calvary Episcopal School students, in the chronological order that the applications were received.
- ☐ Sibling of current Calvary Episcopal School students, in the chronological order that the applications were received.
- ☐ Sibling of former Calvary Episcopal School students (if and only if such siblings attended Calvary Episcopal School within the past five (5) years), in the chronological order that the applications were received.
- ☐ Children of Calvary Episcopal School or Calvary Episcopal Church staff members (who work at least 20 hours per week), in the chronological order that the applications were received.
- ☐ Children and grandchildren of confirmed communicants in good standing of Calvary Episcopal Church (as determined by the Rector of the parish), in the chronological order that the applications were received.

(b) The classification of the applicant in (a) and the date the application was received are subject to the following considerations by the Head of School in admitting students:

1. A desire for gender balance in a classroom, and
2. The inability of the school to appropriately and adequately meet the child's needs.