



1. Applicant's Full Name: _____
FIRST MIDDLE LAST

2. Name to be called in school: _____

3. Grade applying for (circle one): PJK JK SK 1 2 3 4 5 6

School Year: _____ to _____ All applicants must be age appropriate for apply grade prior to September 1 (PJK: 3 yrs., JK: 4 yrs., K: 5 yrs., etc.)

4. Date of Birth: _____ Gender: Male / Female (circle one)

5. Home Address: _____
STREET CITY STATE ZIP

6. Home Phone: (____) _____ Primary E-mail Address: _____

7. National Origin: African American Asian Caucasian Hispanic/Latino
 Middle Eastern Multiracial Native American Other _____

8. Citizenship: _____ Language spoken in the home: _____

9. Student lives with: Mother and Father Mother Father Other _____
 Parent is deceased Parents are separated Parents are divorced

10. Father's Name: (Mr.) (Dr.) _____

Address (if different): _____

Zip: _____

Home Phone: (____) _____

Employer: _____

Title: _____

Business Address: _____

Zip: _____

Business Phone: (____) _____

Preferred Mailing Address: _____

Mother's Name: (Mrs.) (Ms.) (Dr.) _____

Address (if different): _____

Zip: _____

Home Phone: (____) _____

Employer: _____

Title: _____

Business Address: _____

Zip: _____

Business Phone: (____) _____

Preferred Mailing Address: _____

11. Person financially responsible for all fees: _____

Address: _____

12. Will financial aid be requested? _____



(over)

13. Name and address of present school: _____

14. School Phone: (____) _____ Present Grade: _____ Years Attended: _____

15. Name of School Head: _____

16. Is applicant eligible to return to present school? Yes No

17. Does applicant have any physical disability? Yes No

If yes, please explain. If necessary use a separate sheet of paper: _____

18. Has Applicant ever had psychological or psychiatric evaluation or treatment? Yes No

If yes, please explain. If necessary use a separate sheet of paper: _____

19. Has counseling ever been recommended for applicant? Yes No

If yes, please explain. If necessary use a separate sheet of paper: _____

20. Names and dates of birth of brothers and sisters: _____

21. How did you learn about Jacksonville Country Day? _____

22. Why did you select Jacksonville Country Day? _____

23. Names of relatives now at Jacksonville Country Day: _____

24. Names of relatives who previously attended Jacksonville Country Day (include graduation year): _____

Please sign the form below and return it along with the non-refundable \$100 application fee to:

Director of Admissions, Jacksonville Country Day School

10063 Baymeadows Road, Jacksonville, Florida 32256

(904) 641-6644

The \$100 fee includes the evaluation process.

SIGNATURE OF PARENT OR GUARDIAN

DATE

JACKSONVILLE COUNTRY DAY SCHOOL ADMITS STUDENTS OF ANY RACE, CREED, COLOR,
SEX OR NATIONAL ORIGIN TO ALL THE RIGHTS, PRIVILEGES, PROGRAMS AND ACTIVITIES
GENERALLY ACCORDED OR MADE AVAILABLE TO STUDENTS AT THE SCHOOL.