

ADDITIONAL INFORMATION:

Name, age, and current school of siblings: _____

Relatives who have attended or are currently enrolled _____

Applicant's Current School _____ Grade _____

Current School Address _____

Current School Phone _____ Principal/Contact Person _____

Teacher References: Please list the teachers to whom you are giving the Teacher Recommendation Forms.

Name _____ Address _____

Name _____ Address _____

ABOUT THE APPLICANT:

Please tell us about your child. What are his/her strengths and weaknesses?

Please explain if your child has received counseling/tutoring/testing for academic or behavioral issues?

Signature of Parent(s)/Guardian(s) _____ Date _____

TO APPLY:

Please return this form with the non-refundable \$85.00 application fee to:

Morganton Day School
305 West Concord Street
Morganton, NC 28655
Phone: 828-437-6782

Morganton Day School welcomes and admits qualified students without regard to race, color, religion, or ethnic origin.