



MORGANTON DAY SCHOOL

PLEASE ATTACH A RECENT PHOTO OF THE STUDENT HERE

# APPLICATION FOR ADMISSION

Please complete this application and submit it with a \$100 non-refundable application/assessment fee.

How did you hear about Morganton Day School: \_\_\_\_\_

## Student Information

Application Date: \_\_\_ / \_\_\_ / \_\_\_ Applying for Grade: \_\_\_\_\_ Beginning Date: \_\_\_ / \_\_\_ / \_\_\_

Full Name: \_\_\_\_\_  
*Last First Middle Preferred*

Address: \_\_\_\_\_  
*Street Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Gender: \_\_\_\_\_ Native Language: \_\_\_\_\_

## Family Information

Parent/Guardian 1: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Preferred E-mail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Preferred E-mail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

With whom does the student reside? \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Relatives who have attended or are currently enrolled at MDS? \_\_\_\_\_

Please list the following information about the student's siblings below:

NAME	AGE	GRADE	SCHOOL

**Student Education Information**

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_

School Address: \_\_\_\_\_

School Phone: \_\_\_\_\_ Principal/Contact Person: \_\_\_\_\_

**Please list the English and Math teachers to whom you are giving the Teacher Recommendation Forms.**

English Teacher Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Math Teacher Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please briefly describe the educational expectations for your child and the reasons for considering Morganton Day School.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please specify your child's greatest assets/strengths.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Does the student have a current IEP or 504? YES  NO
- Has the student received therapy or academic tutoring outside of school? (IE speech/language, motor skills, etc.) YES  NO
- Has the student participated in professional counseling services? YES  NO
- Has medication been prescribed for attention or emotional needs? YES  NO
- Is the student currently receiving medication? YES  NO
- Has the student been suspended, expelled or dismissed from school for any behavioral reasons? YES  NO
- Are there any physical limitations that might interfere with the student's ability to do school work or participate in physical activities? YES  NO
- Does the student have any allergies? YES  NO

**If you answered "yes" to any of the above questions, please explain or share information that may help us better understand the student and their needs.**

\_\_\_\_\_  
\_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge. Failure to answer honestly could result in immediate student dismissal.*

*I understand that MDS students are admitted without regard to race, religion, gender, or nationality.*

*I wish to apply for admission the aforementioned student to Morganton Day School. Enclosed is a \$100 check for the non-refundable fee.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_