



## APPLICATION FOR ADMISSION

Child's Full Name \_\_\_\_\_  
Prefers To Be Called \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Phone (     ) \_\_\_\_\_  
Child's SS# \_\_\_\_\_ Sex (please circle)    Male    Female  
Child's Birth Date \_\_\_\_\_ Age Now \_\_\_\_\_ Grade Entering In The Fall \_\_\_\_\_

### PARENTS

Father's Name (Dr., Mr.) \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Phone (     ) \_\_\_\_\_  
Occupation \_\_\_\_\_ Email Address \_\_\_\_\_  
Employed by \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Mother's Name (Dr., Mrs., Ms.) \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Phone (     ) \_\_\_\_\_  
Occupation \_\_\_\_\_ Email Address \_\_\_\_\_  
Employed by \_\_\_\_\_ Phone (     ) \_\_\_\_\_

### GRANDPARENTS

(Maternal)	(Paternal)
Name _____	Name _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Phone (     ) _____	Phone (     ) _____

BACKGROUND INFORMATION

Are parents divorced? \_\_\_\_\_ Separated? \_\_\_\_\_ When? \_\_\_\_\_

Step Parents? \_\_\_\_\_

Explain custody \_\_\_\_\_

Is this child adopted? \_\_\_\_\_ When? \_\_\_\_\_

Other children in the family:

Name	Age	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other members of the household besides children: (names and relation)  
\_\_\_\_\_

Who stays with child if mother works regularly?  
\_\_\_\_\_

Does child have playmates his own age?  
\_\_\_\_\_

Please give years and names of schools your child has attended and where you expect him to attend in the future.

3 Yr. \_\_\_\_\_ Grade School \_\_\_\_\_

4 Yr. \_\_\_\_\_

5 Yr. \_\_\_\_\_

Please indicate your child's particular interests and/or dislikes.

Has there been any illness or change in usual routine or environment recently that may have affected your child?

Please indicate why you would like your child to attend St. Peter's School.

How did you become interested in St. Peter's School?

# PARENT QUESTIONNAIRE

## Hearing

Has your child ever had any ear/hearing examination or treatment?

Yes      No

When \_\_\_\_\_

Results \_\_\_\_\_

Does your child:

- |  |       |       |
|--|-------|-------|
| 1. Seem to have difficulty hearing?                        | _____ | _____ |
| 2. Turn up the TV louder than other members of the family? | _____ | _____ |
| 3. Seem to favor one ear over the other?                   | _____ | _____ |
| 4. Seem to hear you if you talk in a whisper?              | _____ | _____ |
| 5. Make you talk loudly or repeat frequently?              | _____ | _____ |

## Vision

Has your child ever had a vision examination or treatment?

Yes      No

When \_\_\_\_\_

Results \_\_\_\_\_

Does your child:

- |  |       |       |
|--|-------|-------|
| 1. Seem to have difficulty seeing small lines or pictures? | _____ | _____ |
| 2. Seem to have a problem seeing things far away?          | _____ | _____ |
| 3. Squint?   | _____ | _____ |
| 4. Wear glasses?   | _____ | _____ |

## Speech and Language

Does your child:

Often                  Some                  Rarely

- |  |       |       |       |
|--|-------|-------|-------|
| 1. Talk a lot?                             | _____ | _____ | _____ |
| 2. Seem to talk as well as others his age? | _____ | _____ | _____ |
| 3. Talk so you can understand him or her?  | _____ | _____ | _____ |
| 4. Talk so other adults understand?        | _____ | _____ | _____ |
| 5. Talk so other children understand?      | _____ | _____ | _____ |

## Development

Please describe any physical, mental or emotional disabilities which might affect the learning style of your child.

Students applying for Preschool and Kindergarten are requested to submit the following:

1. Application Fee (\$50.00)\*
2. Copy of birth certificate\*
3. Any records/progress reports from day care or preschool\*

Students applying for grades 1-5 are requested to submit the following:

1. Application Fee (\$50.00)\*
2. Copy of birth certificate\*
3. Report cards from previous year\*
4. Standardized test scores\*
5. Record release form (enclosed)\*
6. Teacher recommendation (enclosed form should be given to current teacher who will mail or fax to St. Peter's)

*\* Requested documents should be submitted with this application form.*

I hereby apply for admission of my child to St. Peter's Episcopal School:

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Parent/Guardian Signature

Date

St. Peter's School offers financial aid to those who qualify through the School and Student Service for Financial Aid (SSS). If you would like to apply, please contact the school office in order to receive the application forms.

*St. Peter's Episcopal School admits students of any race, color, nationality and ethnic origin to all rights, privileges, programs and activities generally accorded to students at the school.*

St. Peter's Episcopal School  
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