St. Peter's
Episcopal School

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)

Name _____

Address _____

City/State/Zip _____

Phone ( ) _____

(Paternal)

Name _____

Address _____

City/State/Zip _____

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

	Yes	No
Has your child ever had any ear/hearing examination or treatment?	____	____

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

	Yes	No
Has your child ever had a vision examination or treatment?	____	____

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:

_____ _____

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
848 Ashland Terrace
Chattanooga, Tennessee 37415
(423) 870-1794

DEVELOPMENTAL CHECKLIST
FOR
PRESCHOOL

Child's Name_____

Birth date _____

My child: (Check one)	**Regularly**	**Sometimes**	**Not Yet**
Answers the telephone	____	____	____
Usually dresses him/herself	____	____	____
Buttons and unbuttons	____	____	____
Goes to the toilet by him/herself	____	____	____
Pays attention and concentrates well	____	____	____
Follows simple directions	____	____	____
Helps with simple household jobs	____	____	____
Waits and takes turns	____	____	____
Takes good care of things he uses	____	____	____
Plays by him/herself	____	____	____
with others	____	____	____
Shares toys	____	____	____
Is proud of what he makes	____	____	____
Separates from mother/father	____	____	____

LANGUAGE AND CONCEPT DEVELOPMENT

Speaks in sentences of 5 or more words	____	____	____
Tells a simple story	____	____	____
Identifies 3 or more colors	____	____	____
Says simple nursery rhymes	____	____	____
Listens to longer stories	____	____	____
Asks questions	____	____	____
Understands pronouns (me, mine, you, I)	____	____	____
Tells his whole name	____	____	____
Counts to 5	____	____	____
Can point to parts of body	____	____	____
Tells action in a picture	____	____	____

PHYSICAL SKILL DEVELOPMENT

Throws a ball underhand	____	____	____
Can ride a tricycle	____	____	____
Runs, hops, and jumps	____	____	____
Claps or marches in time with music	____	____	____
Can hold crayons with fingers	____	____	____
Cuts with scissors	____	____	____
Works a puzzle of 7 or more pieces	____	____	____
Walks on tiptoe	____	____	____
Catches a large ball	____	____	____
Climbs stairs, unassisted, one foot on each step	____	____	____

During the past 12 months **my child** has had trouble with:

Check one)	**Often**	**Sometimes**	**Not at all**
Eating (too much or too little)	_____	_____	_____
Sleeping (too much or too little)	_____	_____	_____
Stomach irregularities	_____	_____	_____
Getting along with children	_____	_____	_____
Unusual fears	_____	_____	_____
Nervousness	_____	_____	_____
Thumb-sucking	_____	_____	_____
Over-activity	_____	_____	_____
Sexual behavior or questions	_____	_____	_____
Daydreaming	_____	_____	_____
Temper Tantrums	_____	_____	_____
Crying	_____	_____	_____
Telling the truth	_____	_____	_____
Tearing or breaking things	_____	_____	_____
Wetting	_____	_____	_____
Bowel control	_____	_____	_____
Paying attention	_____	_____	_____
Following rules	_____	_____	_____
Speech	_____	_____	_____

INTERESTS AND EXPERIENCES

My child:

Has visited: _____the Zoo _____the Library _____traveled from home

Other: (Please list) _____

_____

Attends or has attended: _____Preschool _____Day Care _____Other

Watches TV _____ hours a day (How many?)

Enjoys looking at books _____Yes _____No

Enjoys talking with family members _____Yes _____No

MEDICAL

Please list any medical conditions such as asthma or allergies to foods, medications, insect bites, latex, etc.