

APPLICATION FOR ADMISSION

Westminster Presbyterian Day School

3208 Exposition Blvd. Austin, TX 78703 (512) 459-5062

OFFICE USE ONLY
Check # _____
Date _____
Amount \$ _____
Toured _____

- Complete and return this form with a nonrefundable fee of **\$85**. (Please make checks payable to *WPDS*.)
- Submit a separate application and fee for each child--**ONLY AFTER THE CHILD'S BIRTH**.
- The school contacts applicants only if a vacancy becomes available. It is the parent's responsibility to inform the school of any change of address or phone number in order to keep the application up-to-date.
- This application indicates your willingness to participate as a helping parent approximately six times a year.
- Enrollment is based on the child's age as of June 1st of the entering year.
- WPDS is a Texas Rising Star accredited day school program for children ages 16 months through five years.
- WPDS does not discriminate on the basis of race, color, sexual orientation, religion, national or ethnic origin in the administration of its admissions and education policies, financial assistance programs, employment practices, and other school-administered programs.
- Children with special needs are accepted based on the day school's ability to meet their specific individual requirements.
- WPDS highly recommends a tour of our facility. Please call the number above to schedule a tour.

* * * * *

Child's Name _____ Sex _____ Birthdate _____

Check as many as are applicable:

- | | |
|--|---|
| <input type="radio"/> child of active WP Church member | <input type="radio"/> sibling or child of former WPDS student |
| <input type="radio"/> sibling of current WPDS student | <input type="radio"/> child of seminary student |
| <input type="radio"/> child of the staff | |

Name of Parents or Guardians _____

Home Address _____ Zip _____ Phone _____

<u>Siblings Name</u>	<u>Birthdate</u>	<u>Application on file at WPDS</u>	
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Father's/Guardian's Occupation _____ Work Phone _____

Cell Phone _____ E-mail address _____

Mother's/Guardian's Occupation _____ Work Phone _____

Cell Phone _____ E-mail address _____

Primary Contact: Mom Dad Both

Person(s) who referred you to WPDS:

Name _____ Phone _____

Name _____ Phone _____

Has your child had any previous school experience? Yes No If so, when? _____
Where? _____

Does your child have special needs arising from a challenging condition such as vision, hearing, or speech impairment; physical or developmental disability; severe food allergies; asthma; or other illnesses or diseases that may affect your child's general health? Yes No

If yes, please provide complete information regarding your child's special needs in sufficient detail for the school to determine whether it is capable of appropriately and adequately meeting the child's personal needs (attach additional sheets if necessary):

Are you applying for tuition assistance? Yes No

Would you be interested in receiving information from Westminster Presbyterian Church Yes No

Additional information _____

Parent's or Guardian's Signature

Date of Application