

# APPLICATION FOR ADMISSION

## Westminster Presbyterian Day School

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

### OFFICE USE ONLY

Payment \_\_\_\_\_

Date \_\_\_\_\_

Amount \$ \_\_\_\_\_

Toured \_\_\_\_\_

Complete and return this form with a nonrefundable fee of **\$85**. (Please make checks payable to *WPDS*, or you can pay online at <https://secure.affinipay.com/pages/westminster-presbyterian-day-school/extras>)

- 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 1<sup>st</sup> 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:

- child of active WP Church member
- sibling or child of former WPDS student
- sibling of current WPDS student
- child of seminary student
- child of the staff

Name of Parents or Guardians \_\_\_\_\_

Home Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

### Siblings

<u>Name</u>	<u>Birthdate</u>	<u>Application on file at WPDS</u>	
_____	_____	Yes _____	No _____
_____	_____	Yes _____	No _____
_____	_____	Yes _____	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 \_\_\_\_\_

(over)

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):

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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