



PALM BEACH DAY ACADEMY

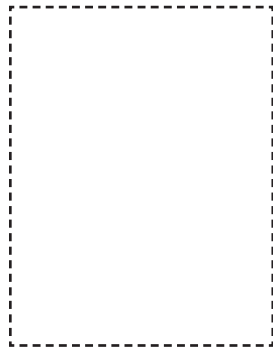
APPLICATION FOR ADMISSION

ADMISSION OFFICE
1901 SOUTH FLAGLER DRIVE, WEST PALM BEACH, FLORIDA 33401
PHONE 561-832-8815 FAX 561-832-3343
www.pbday.org

This form should be returned to the Admission Office at the address above.

Please include a recent photo.

DATE: _____



A NON-REFUNDABLE FEE OF \$100 SHOULD BE INCLUDED.

APPLICANT INFORMATION

FIRST NAME MIDDLE NAME LAST NAME PREFERRED FIRST NAME

___ MALE ___ FEMALE

DATE OF BIRTH (MONTH/DAY/YEAR)

APPLICANT TO ENTER GRADE _____ TO BEGIN ENROLLMENT IN _____

ACADEMIC INFORMATION

LIST EACH SCHOOL ATTENDED FOR THE PAST THREE YEARS AND DATES OF ATTENDANCE:

CURRENT SCHOOL NAME CURRENT GRADE ATTENDED FROM (MONTH/YEAR) TO PRESENT

CURRENT SCHOOL ADDRESS

PHONE FAX

PREVIOUS SCHOOL NAME FROM – TO PREVIOUS SCHOOL NAME FROM – TO

LOWER CAMPUS
1901 SOUTH FLAGLER DRIVE, WEST PALM BEACH, FLORIDA 33401
PHONE 561-832-8815 FAX 561-832-3343

UPPER CAMPUS
241 SEAVIEW AVENUE, PALM BEACH, FLORIDA 33480
PHONE 561-655-1188 FAX 561-655-5794

FAMILY INFORMATION

FATHER/GUARDIAN:

MOTHER/GUARDIAN:

TITLE FIRST NAME LAST NAME

TITLE FIRST NAME LAST NAME

ADDRESS

ADDRESS

CITY STATE ZIP

CITY STATE ZIP

HOME PHONE CELL PHONE

HOME PHONE CELL PHONE

FAX

FAX

EMAIL ADDRESS

EMAIL ADDRESS

COLLEGE & DEGREES

COLLEGE & DEGREES

OCCUPATION

OCCUPATION

BUSINESS NAME

BUSINESS NAME

BUSINESS ADDRESS

BUSINESS ADDRESS

CITY STATE ZIP

CITY STATE ZIP

BUSINESS PHONE

BUSINESS PHONE

MARITAL STATUS OF PARENTS: SINGLE MARRIED SEPARATED DIVORCED WIDOWED

WITH WHOM DOES THE APPLICANT LIVE? _____ WHO HAS CUSTODY? MOTHER FATHER JOINT

WHO WILL BE RESPONSIBLE FOR THE PAYMENT OF TUITION AND SCHOOL FEES? _____

GUIDANCE AND ADMISSION INFORMATION

COUNTRY OF BIRTH _____ COUNTRY OF CITIZENSHIP _____

ETHNIC GROUP AFRICAN AMERICAN CAUCASIAN MIDDLE EASTERN MULTIRACIAL _____
(OPTIONAL) ASIAN AMERICAN LATINO/HISPANIC NATIVE AMERICAN OTHER _____

LANGUAGE(S) SPOKEN AT HOME? _____

HOW DID YOU FIRST LEARN ABOUT PALM BEACH DAY ACADEMY? _____

HAS THE APPLICANT EVER APPLIED TO PALM BEACH DAY ACADEMY OR ITS PREDECESSOR SCHOOLS (PALM BEACH DAY SCHOOL OR THE ACADEMY OF THE PALM BEACHES)? YES NO IF YES, FOR WHAT GRADE? _____

DID THE APPLICANT PREVIOUSLY ATTEND PALM BEACH DAY ACADEMY OR ITS PREDECESSOR SCHOOLS (PALM BEACH DAY SCHOOL OR THE ACADEMY OF THE PALM BEACHES)? YES NO IF YES, LAST GRADE ATTENDED? _____

HAS THE APPLICANT EVER SKIPPED A GRADE? YES NO IF SO, WHICH GRADE? _____

HAS THE APPLICANT EVER REPEATED A GRADE? YES NO IF SO, WHICH GRADE? _____

HAS THE APPLICANT RECEIVED DISCIPLINARY CENSURE AT SCHOOL? YES NO

SCHOOL SUSPENSION? YES NO DISMISSED? YES NO

ASKED TO WITHDRAW BY SCHOOL? YES NO PROBATION? YES NO

PLEASE SHARE WITH US INFORMATION ABOUT ANY DISCIPLINARY MATTERS:

PLEASE SHARE WITH US INFORMATION TO HELP US UNDERSTAND YOU CHILD'S ATHLETIC INTERESTS, TALENTS AND TEAM PARTICIPATION.

PLEASE DESCRIBE YOUR CHILD AS OBJECTIVELY AS YOU CAN. WHAT DO YOU PERCEIVE ARE HIS OR HER STRENGTHS AND WEAKNESSES AS YOU SEE YOUR CHILD AT HOME AND AS A STUDENT AT SCHOOL? WHAT SPECIAL ABILITIES AND INTERESTS DOES YOUR CHILD HAVE (I.E. ATHLETIC, ARTISTIC, MUSICAL, ACADEMIC)? IF PREFERRED, PUT THIS INFORMATION ON A SEPARATE SHEET OF PAPER.

HEALTH RELATED PROBLEMS AND MEDICATION THAT MAY AFFECT SCHOOL ACTIVITIES: _____

IF THE APPLICANT HAS RECEIVED OR IS RECEIVING COUNSELING, PLEASE SHARE THIS INFORMATION SO WE CAN BETTER UNDERSTAND YOU CHILD'S NEEDS:

FINANCIAL AID

PLEASE NOTE: THE ADMISSIONS POLICY OF PALM BEACH DAY ACADEMY IS NEED-BLIND; THAT IS, YOUR CHILD'S ACCEPTANCE DOES NOT DEPEND ON THE FAMILY'S FINANCIAL CIRCUMSTANCES. DO YOU WISH TO RECEIVE INFORMATION ABOUT PALM BEACH DAY ACADEMY'S FINANCIAL AID PROGRAM? YES NO

SIBLING INFORMATION: PLEASE LIST SIBLINGS.

NAME	DATE OF BIRTH	CURRENT SCHOOL	CURRENT GRADE

GRANDPARENT INFORMATION:

NAME (MATERNAL GRANDMOTHER)	ADDRESS
NAME (MATERNAL GRANDFATHER)	ADDRESS
NAME (PATERNAL GRANDMOTHER)	ADDRESS
NAME (PATERNAL GRANDFATHER)	ADDRESS

LEGACY INFORMATION: PLEASE LIST RELATIVES WHO ARE ATTENDING OR HAVE ATTENDED PALM BEACH DAY ACADEMY OR ITS PREDECESSOR SCHOOLS (PALM BEACH PRIVATE, PALM BEACH DAY SCHOOL, OR THE ACADEMY OF THE PALM BEACHES).

NAME	RELATIONSHIP	YEARS ATTENDED

1. A NON-REFUNDABLE APPLICATION FEE OF \$100 IS REQUIRED OF ALL APPLICANTS.
2. (I/WE) HEREBY AUTHORIZE PALM BEACH DAY ACADEMY TO CONTACT SCHOOLS AND OTHER SOURCES TO OBTAIN INFORMATION TO SUPPORT THIS APPLICATION AND WILL NOT SEEK ACCESS TO CONFIDENTIAL RECOMMENDATION AND EVALUATION MATERIALS BEFORE OR AFTER (MY/OUR) CHILD'S ADMISSION. THE UNDERSIGNED RELEASES EVERY PERSON AND INSTITUTION FROM ANY AND ALL LIABILITY RESULTING FROM OR PERTAINING TO THE FURNISHING OF RECORDS, DOCUMENTS AND OTHER INFORMATION PROVIDED TO PALM BEACH DAY ACADEMY FOR THAT PURPOSE.
3. YOUR SIGNATURE ON THIS APPLICATION VERIFIES THE ENCLOSED INFORMATION IS CORRECT AND TRUE. (IF JOINT CUSTODY, BOTH PARENTS' SIGNATURES ARE REQUIRED.)

FATHER/GUARDIAN SIGNATURE DATE

MOTHER/GUARDIAN SIGNATURE DATE

NONDISCRIMINATION POLICY

PALM BEACH DAY ACADEMY ADMITS STUDENTS OF ANY RACE, COLOR, RELIGIOUS AFFILIATION, NATIONAL AND ETHNIC ORIGIN TO ALL THE RIGHTS, PRIVILEGES, PROGRAMS, AND ACTIVITIES MADE AVAILABLE TO STUDENTS AT THE SCHOOL