



# PALM BEACH DAY ACADEMY

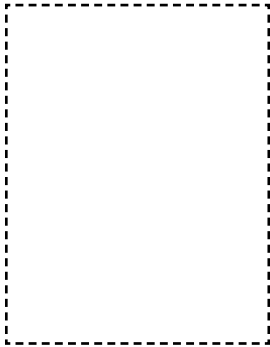
## APPLICATION FOR ADMISSION

ADMISSION OFFICE  
1901 SOUTH FLAGLER DRIVE, WEST PALM BEACH, FLORIDA 33401  
PHONE 561-832-8815 FAX 561-832-3343  
[www.pbday.org](http://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

\_\_\_\_\_  
DATE OF BIRTH (MONTH/DAY/YEAR)

\_\_\_ MALE    \_\_\_ FEMALE

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

\_\_\_\_\_  
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:

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

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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.

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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:

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## 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.

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NAME	DATE OF BIRTH	CURRENT SCHOOL	CURRENT GRADE
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NAME	DATE OF BIRTH	CURRENT SCHOOL	CURRENT GRADE
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NAME	DATE OF BIRTH	CURRENT SCHOOL	CURRENT GRADE
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GRANDPARENT INFORMATION:

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

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NAME	RELATIONSHIP	YEARS ATTENDED
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NAME	RELATIONSHIP	YEARS ATTENDED
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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.)

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FATHER/GUARDIAN SIGNATURE	DATE
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MOTHER/GUARDIAN SIGNATURE	DATE
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**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