



EPIPHANY EPISCOPAL

ONE EPIPHANY, ONE COMMUNITY, MANY MISSIONS

EPIPHANY EPISCOPAL SCHOOL

115 Jefferson Avenue
Danville, Virginia 24541
www.epiphanydanville.org
(434) 792-4334

Application for Admission

Child: _____
(Please Print) (Last) (First) (Middle) (Nickname/Goes By)

Street Address: _____

City

State

Zip

Date of Birth: _____ Age (as of September 30): _____ Male: Female:

Applicant for Admission to Grade: _____ In September 20__

Social Security Number: _____ - _____ - _____ Birth Certificate Number: _____

Home Phone Number: _____ E-Mail Address: _____

Child lives with: Both parents Mother only Father only Other: _____

Father/Guardian: _____

Address _____

Occupation/Place of Employment _____

Business Phone _____ Cell Phone _____

Mother/Guardian: _____

Address _____

Occupation/Place of Employment _____

Business Phone _____ Cell Phone _____

Will you be applying for Financial Aid? Yes No

(If "Yes" Financial Aid forms are available in the Business Office)

I understand that it is my responsibility to keep the school informed regarding whom to contact in case of illness/injury and understand that only the names listed will be contacted or allowed to check my child out of school.

Date _____ Parent Signature _____

Child's Name _____

SCHOOL HISTORY:

List the names of other schools or preschools your child has attended:

Has this child ever been suspended or expelled from school? Yes: ___ No: ___

If yes, why? _____

Is this child currently under suspension or expulsion from school? ___Yes ___No

If yes, why? _____

Virginia law requires a sworn statement or affirmation indicating whether a student has been expelled from school attendance at a private school or in a public school. Any person making a materially false statement or affirmation shall be guilty upon conviction of a Class 3 misdemeanor.

We certify the above to be accurate and complete.

PARENT SIGNATURE _____

DATE _____

Optional Information:

What most accurately describes the student's ethnicity:

African-American Asian Caucasian Latino/Hispanic Native-American Other

Where did you hear about Epiphany Episcopal School?

Radio Commercial Television Commercial Print Ad From an Acquaintance

Other: _____

In consideration of the undertaking by the Office of Admissions of Epiphany Episcopal School to process the undersigned candidate's Admissions Application and related forms, the undersigned agree that the information furnished on the Application for Admission form, together with all the information and materials of any kind received by the Admissions Office from any source, or prepared by anyone at its request, shall be completely confidential and shall not be disclosed to anyone, including the candidate and his or her family, except that the Headmaster/Associate Headmaster, for official purposes at his/her discretion, disclose any part or all thereof to such person or persons as he/she deems advisable.

Father/Guardian Signature

Date

Mother/Guardian Signature

Date

*Before clicking SUBMIT Please Read******

If you do not have a Desktop E-mail Client such as Outlook, Outlook Express or the like & you use G-Mail, Yahoo Mail, Hotmail etc., Click on FILE -- Save As,...Then fill out form on computer add as attachmeent and manually E-mail to smiller@epiphanydanville.org.

WITHOUT DESKTOP E-mail THE APPLICATION will not get to us.

Please confirm receipt by calling Suzanne Miller at 434 792-4334

Creating scholars with a challenging curriculum in a safe, nurturing environment and embracing individuality and spirituality in Danville's historic downtown district.