



Applying For Grade \_\_\_\_\_

Academic Year \_\_\_\_\_

# A P P L I C A T I O N   F O R   A D M I S S I O N

Student's Full Name \_\_\_\_\_

Student's Preferred Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex   M   F

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Social Security Number \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Language(s) Spoken at Home \_\_\_\_\_

Please attach a recent photo here. Though the photo will not influence our decision, associating a face with a name does help us remember the applicant as a person rather than a collection of papers.

List previous schools, preschools, or day care providers attended, beginning with the current school:

Grade(s)	Dates Attended	School Name	Mailing Address	Telephone

Home School District \_\_\_\_\_

Has the applicant previously applied to Madison Country Day School?   Yes   No   If yes, what year? \_\_\_\_\_

Has the applicant ever attended a special academic or other needs program or school? (Please include programs for gifted, honors, special learning, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_

Has the applicant ever been double promoted?   Yes   No   From \_\_\_\_\_ grade to \_\_\_\_\_ grade

Has the applicant ever repeated a grade?   Yes   No   If yes, what grade? \_\_\_\_\_

# F A M I L Y I N F O R M A T I O N

Parent A     Guardian

Mr.     Mrs.     Ms.     Dr.

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_

Education (schools, degrees, and dates) \_\_\_\_\_

Grandparents A \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Parent B     Guardian

Mr.     Mrs.     Ms.     Dr.

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_

Education (schools, degrees, and dates) \_\_\_\_\_

Grandparents B \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Please note if parents are deceased, separated, or divorced: \_\_\_\_\_

With whom does the applicant live? \_\_\_\_\_ To whom should reports and correspondence be sent? \_\_\_\_\_

Please list all of the applicant's siblings:

Name	Age	Grade	School Attending	Currently Applying to MCDS?	
				Yes	No

Please list any relatives who are attending or have attended MCDS: \_\_\_\_\_

Please send us a Financial Aid Application packet (available only to candidates for grades K-12).

# P A R E N T   Q U E S T I O N N A I R E

We have found the parents' perspective quite valuable in getting to know our applicants better. We recognize the difficulty involved in being completely objective about your own child and appreciate your efforts in completing this questionnaire. You may attach additional pages if needed.

1. What characteristics do you admire about your child and why?

2. What benefits do you anticipate your child will receive by attending Madison Country Day School?

3. Please describe your child's special talents and/or involvement in programs outside of school (include tutoring, sports, lessons, community, and arts).

4. Has your child had an educational evaluation or individual diagnostic testing of any type (such as an IEP or IQ testing) for any reason? If so, please describe and attach a copy of the report.

5. Has your child had behavioral difficulties in school? If so, please describe the circumstances.

# H E A L T H I N F O R M A T I O N

Student's Full Name \_\_\_\_\_ Applying For Grade \_\_\_\_\_

Upon the student's enrollment at Madison Country Day School, the following information will become part of the student's medical file in the nurse's office.

1. Describe any circumstances which may have affected your child's attendance or performance in school, such as health or physical limitations, learning differences, moving, or frequent change of schools. Please be specific and include dates, if possible.
2. Is there any health information of which the school should be aware, such as allergies, asthma, illness, etc.? If yes, please describe the impact it has on your child's life.
3. Has your child ever been referred to a psychologist, psychiatrist, or social worker? If so, please describe the circumstances.
4. Has your child ever taken or is he/she now taking medication on a regular basis? If yes, please explain.

## A U T H O R I Z A T I O N

In signing this application, I understand that this application authorizes the school to investigate my child's academic record and to secure other pertinent information necessary to reach an admission decision. I also voluntarily waive the right of access to all information and materials of any kind received by Madison Country Day School from any source in connection with the application. I understand that withholding or misrepresenting information may jeopardize admission or enrollment at Madison Country Day School. In addition, my signature below indicates that all the information provided on this application is correct, complete, and honestly presented.

Signature of Parent A or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent B or Guardian \_\_\_\_\_ Date \_\_\_\_\_

## S T A T E M E N T O F N O N - D I S C R I M I N A T I O N

MCDS does not discriminate on the basis of age, race, color, gender, religion, gender identity, sexual orientation, or national or ethnic origin in administration of its educational policies, hiring and employment practices, admission policies, scholarship and grant programs, or athletic and other school administered programs.

For students applying for grades Pre-K through 4, a non-refundable application fee of \$150 should accompany this form.  
For students applying for grades 5 through 12, a non-refundable application fee of \$100 should accompany this form.

Application fees help defray the cost of admission materials and assessments.  
This application is only a request for admission. An enrollment contract will be sent if the candidate is accepted.