



Esther's School

ESTHER'S SCHOOL - APPLICATION FOR ADMISSION

FOR OFFICE USE ONLY:

Date application received: _____

Application fee paid: _____

Admittance / Denial: _____

Notice: Esther's School admits students of any race, color, and national or ethnic origin.

STUDENT INFORMATION (New Current Student Name (Last, First, Initial)

Nickname, if any

Date of birth (MM/DD/YYYY) Social security number

Student e-mail address (if applicable)

STUDENT INFORMATION, CONTINUED

Sex: Male Female

Current Age: _____

Race or Ethnic Origin: Specific ethnic options are for the purpose of a government statistical report; please choose one option only.

- African American, non-Hispanic
- American Indian or Alaskan Native
- Asian American
- Caucasian American, non-Hispanic
- Hispanic American
- Other: _____

Citizenship if other than U.S. _____

Native language if other than English: _____

Religious affiliation: _____

FAMILY INFORMATION

Marital status:

Married Divorced Widowed Separated

Student lives with:

Father Mother Legal Guardian

PRIMARY CONTACT INFORMATION

Father Mother Legal Guardian

Name (Last, First, Initial) Dr. / Rev. / Mr. / Miss / Mrs. / Ms. / Other

Date of birth (MM/DD/YYYY) Social security number

Employer / Position

Address

City / State / Zip

Daytime phone (Hm Cell Wk)

Evening phone (Hm Cell Wk)

Preferred e-mail address

SECONDARY CONTACT INFORMATION

Father Mother Legal Guardian

Name (Last, First, Initial) Dr. / Rev. / Mr. / Miss / Mrs. / Ms. / Other

Date of birth (MM/DD/YYYY) Social security number

Employer / Position

Address

City / State / Zip

Daytime phone (Hm Cell Wk)

Evening phone (Hm Cell Wk)

Preferred e-mail address



STUDENT MEDICAL INFORMATION

NOTE: Each child will need an immunization record and a medical examination form completed by his/her doctor.

Completed health forms are required to be submitted to the school office within 15 days of enrollment.

Family Physician / Pediatrician _____

Address _____

Phone _____ Fax _____

Is child current with all immunizations? No Yes

Has child received an annual physical? No Yes

EMERGENCY CONTACT INFORMATION

Person(s) to be notified in case of an emergency when a parent or guardian cannot be reached:

Contact #1 (name) _____

Address _____ City / State / Zip _____

Daytime phone (Hm Cell Wk) _____

Relationship to child: _____

Is this person permitted to pick child up from school?
No Yes

Contact #2 (name) _____

Address _____ City / State / Zip _____

Daytime phone (Hm Cell Wk) _____

Relationship to child: _____

Is this person permitted to pick child up from school?
No Yes

STUDENT MEDICAL HISTORY

Please check any of the following items that the child has or has had within the past three years:

- Accidents Burns Convulsions Depression
- Injuries Seizures Serious illness Surgery
- Other: _____

Please check any communicable diseases that the child has or has had in the past:

- Chicken Pox German Measles HIV Measles
- Mumps Scarlet Fever Small Pox Whooping Cough
- Other: _____

CURRENT SPECIAL NEEDS

In order to determine what resources may be needed to serve your child, please help us by listing any information or concerns relating to the following (Please reveal this information during the application process and describe circumstances.)

Does the child have any of the following:
(Attach additional sheets if necessary.)

- Difficulty with motor and movement? No Yes
- Speech and/or language difficulties? No Yes
- Vision impairment or loss? No Yes

Disabilities / Special needs (physical and/or mental)?
No Yes If yes, please specify all that apply:

Allergies / Asthma?
No Yes If yes, please specify all that apply:

Please describe child's habits, likes and dislikes:

MEDICAL INSTRUCTIONS

Need for medication? No Yes
If yes, please specify medication name(s) and routine(s):

Please describe any other special / medical instructions:
(Attach additional sheets if necessary.)



STUDENT TRANSPORTATION INFORMATION

List all person(s) who ARE permitted to pick up child from school:

Father (name) _____

Address _____ City / State / Zip _____

Daytime phone (Hm Cell Wk

Mother (name) _____

Address _____ City / State / Zip _____

Daytime phone (Hm Cell Wk

Guardian (name) _____

Address _____ City / State / Zip _____

Daytime phone (Hm Cell Wk

Other (name) _____

Address _____ City / State / Zip _____

Daytime phone (Hm Cell Wk

PERMISSIONS

Do you give permission for your address and telephone number to be given out to other parents? No Yes

Do you give permission for your child to be photographed /videotaped during school activities? No Yes

Note: A court order must be on file if there are orders restricting parents and/or others from contact with the child.

PARENT QUESTIONNAIRE

How did you hear about Esther's School?

- Direct mail
- Esther's website
- Google search
- Newspaper ad
- Other website
- Radio
- Word of mouth
- Yellow Pages
- Other: _____

Reasons for selecting Esther's School:

REGISTRATION INFORMATION

Note: A payment of \$125 must accompany the application form. Registration fee is non-refundable.

- Each child will need an immunization record and a medical examination form completed by his/her doctor.
- Completed health forms are required to be submitted to the school office within 15 days of enrollment.
- I have read all of the information materials and agree to insist that my child submit to all programs, academics, disciplinary regulations and all other requirements.
- I understand that all information that I have provided is strictly confidential and is to be used only by the school in order to serve the best interests of the child.
- I agree to pay my financial obligations in accordance with the financial agreement policy set forth by the school.

To the best of my knowledge, all statements and information that I/we made on this application are complete and true.

Parent / Guardian signature Date

Parent / Guardian signature Date

APPLICATION CHECKLIST

- Meet with Administrator
- Schedule day to shadow
- Complete **Application for Admission** and submit with \$125 application fee

Please make check or money order payable to Esther's School or pay online with PayPal:
www.estherschool.com/Admissions

Please mail application and \$125 application fee to:

Rev. Esther Berry, Administrator
Esther's School - Admissions Office
4128 28th Street N.
St. Petersburg, FL 33714

Questions? Please contact us by phone or e-mail:

(727) 528-6484 ph, email: eberry@estherschool.com

