



## Registration Form and Application for Enrollment

Please Print

### STUDENT INFORMATION

Full Name of Student \_\_\_\_\_ Applying for school year \_\_\_\_\_

Preferred Name \_\_\_\_\_ Age \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female

Racial/Ethnic Group (Optional):  African American  Asian American  Caucasian

Hispanic American  Middle Eastern  Multi Racial  Native American  Other \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Dr./Mr./Mrs./Ms. \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Home Address \_\_\_\_\_  
(Street) (City) (Zip)

Occupation \_\_\_\_\_ Daytime Phone ( ) \_\_\_\_\_

Company Name \_\_\_\_\_ Cell/Pager ( ) \_\_\_\_\_

Company Address \_\_\_\_\_  
(Street) (City) (Zip)

### PARENT/GUARDIAN INFORMATION

Dr./Mr./Mrs./Ms. \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Home Address \_\_\_\_\_  
(Street) (City) (Zip)

Occupation \_\_\_\_\_ Daytime Phone ( ) \_\_\_\_\_

Company Name \_\_\_\_\_ Cell/Pager ( ) \_\_\_\_\_

Company Address \_\_\_\_\_  
(Street) (City) (Zip)

Parents/Guardians:  Married  Separated  Divorced  Widowed  Unmarried

Who has legal custody of the applicant? \_\_\_\_\_

#### **If parents do not live together:**

Do both biological parents receive report card information?  No  Yes

Please indicate with whom the applicant lives \_\_\_\_\_

#### **\* Please provide email addresses to be used for all school communication and billing purposes:**

Primary Email address \_\_\_\_\_

Secondary Email address \_\_\_\_\_

Are both biological parents to be shown in directory?  No  Yes

**1105 W. Randol Mill, Arlington, TX 76012 Phone: (817) 275-0851 Fax: (817) 275-0263**

[www.cdsa.org](http://www.cdsa.org)

**(Please complete all 3 pages)**

**OTHER CHILDREN**

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

**PREVIOUS SCHOOL INFORMATION**

Last School Attended \_\_\_\_\_ Principal/Teacher \_\_\_\_\_  
School Address \_\_\_\_\_  
(Street) (City) (Zip)  
Dates Attended \_\_\_\_\_

**HEALTH INFORMATION**

Describe the student’s health (including allergies, physical and/or medical considerations, recent illnesses that may have affected, or may affect, the applicant’s performance in school)  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Emergency contact other than parent (persons to whom the student may be released):

Name \_\_\_\_\_ Relation \_\_\_\_\_  
Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
(Street) (City) (Zip)  
Name \_\_\_\_\_ Relation \_\_\_\_\_  
Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
(Street) (City) (Zip)

Physician to contact in case of emergency:

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_  
(Street) (City) (Zip)

**DISMISSAL INSTRUCTIONS:** *This states your child’s regular pick-up schedule. Changes to routine **must be** submitted in writing to the front desk, no exceptions. List individuals and DL#s to whom the student may be released:*

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Thursday</b>	<b>Friday</b>	
_____	_____	
_____	_____	
_____	_____	

**I hereby give Country Day School of Arlington permission:**

*(please check all that apply and initial last statement)*

- To provide medical treatment for my child in the event that I cannot be reached to make arrangements for emergency medical attention at the time of an illness or accident.
- To photograph and/or quote my child for school brochures, class pictures, newspapers, and/or television coverage.

**Water Activities:** I hereby  give  do not give my consent for my child to participate in water activities.

\_\_\_\_\_ I/we acknowledge that we will provide a daily snack and lunch or choose a lunch selection from one of the vendors chosen by the school.

**GRANDPARENT INFORMATION**

May we mail school material to grandparents?  Yes  No

Maternal Grandparents \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (Zip)

Paternal Grandparents \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (Zip)

*A non-refundable \$100.00 enrollment fee, non-refundable \$500 tuition deposit and a copy of the birth certificate must accompany all applications.*

**I have carefully reviewed the questions on this application and have answered them fully and to the best of my knowledge.**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

*Country Day School of Arlington Montessori admits qualified students without regard to gender, race, color, and national or ethnic origin.*

<p><i>For Office Use Only</i></p> <p><input type="checkbox"/> Date Received _____</p> <p><input type="checkbox"/> Copy of Birth Certificate (if not on file)</p> <p><input type="checkbox"/> Visitation Scheduled for _____</p> <p><input type="checkbox"/> \$100.00 Enrollment Fee</p> <p><input type="checkbox"/> \$500 Tuition Deposit</p>
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