



**OTHER CHILDREN**

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

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

**PREVIOUS SCHOOL INFORMATION**

Last School Attended \_\_\_\_\_ Principal/Teacher \_\_\_\_\_

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

Dates Attended \_\_\_\_\_

**HEALTH INFORMATION ALLERGIES: -YES -NO (EPI PEN PROVIDED: -YES -NO)**

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) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

★ Foods that my child should NOT eat: \_\_\_\_\_

\_\_\_\_\_

Other Limitations: \_\_\_\_\_ -No Limitations

**DISMISSAL INSTRUCTIONS: See separate document for this CDSA required form.**

*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 Drivers License numbers to whom the student may be released.*

**I hereby give the staff at Country Day School of Arlington authorization:**

*(please check all that apply and initial as requested)*

- \_\_\_ 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.
  - **Photograph and/or quote:** I hereby -give -do not give my consent for my child to be photographed or quoted 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. (These activities typically include sprinklers, slip-n-slide, water games and small kiddie pools.) All activities are with adult supervision.
  - **Insect Repellent:** I hereby -give -do not give my consent for my child to receive insect repellent provided by either the parent, or CDSA.
  - **Sunscreen:** I hereby -give -do not give my consent for my child to receive sunscreen provided by either the parent, or CDSA.

\_\_\_ 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**

**\*To be in compliance with the State of Texas, all *CDSA required forms* **must** be present in our office. Please update your dismissal instructions and your child’s vaccination records, as needed, throughout the school year.**