



**STUDENT INFORMATION**

Date of Application: \_\_\_\_\_ Applying to \_\_\_\_\_ Grade in September 2022  
*(for preschool, please specify plan)*

Full Name: \_\_\_\_\_  
*First Middle Last*

Nickname, if preferred: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
*City County State*

**EDUCATION**

Present school: \_\_\_\_\_ Date entered: \_\_\_\_\_

School Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**List Other Schools Attended:**

School Name/Location: \_\_\_\_\_ Dates attended: \_\_\_\_\_

School Name/Location: \_\_\_\_\_ Dates attended: \_\_\_\_\_

**Sibling Information**

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Current School: \_\_\_\_\_

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Current School: \_\_\_\_\_

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Current School: \_\_\_\_\_

I request to be considered for the Saint Andrew's Church member discount for the 2020 – 2021 school year. Members in good standing receive a \$750 tuition discount per student K-8. Maximum discount of \$1,500 per family.

**Additional Information**

In order for us to get to know your child better, we ask that you respond to the following questions as candidly and completely as you can. We appreciate your time and care in completing this section.

1. What adjectives or phrases come to mind in describing your child?

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2. What do you consider your child's academic and personal strengths?

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3. Describe your hopes for your child as a student at Saint Andrew's.

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4. Please note any academic or social concerns for your child of which we should be aware.

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5. Please explain any special medical attention that your child has received or is receiving from a medical professional.

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6. Please indicate the after-school activities your child most enjoys.

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**Learned of the School through:**

Parent of a student - name of referring family: \_\_\_\_\_

alumna,  newspaper,  website,  other \_\_\_\_\_

**Parent/Guardian Information**

Ms./Mr./Mrs./Dr. \_\_\_\_\_  
*First Middle Last*

Address: \_\_\_\_\_  
*Street City State Zip Code*

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Home email: \_\_\_\_\_ Bus. Email \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation/Profession: \_\_\_\_\_

**Parent/Guardian Information**

Ms./Mr./Mrs/Dr. \_\_\_\_\_  
*First Middle Last*

Address: \_\_\_\_\_  
*Street City State Zip Code*

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Home email: \_\_\_\_\_ Bus. Email \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation/Profession: \_\_\_\_\_

Student resides with:  Both Parents  Father  Mother  Guardian

To whom should Saint Andrew’s correspondence be sent?  
 Both Parents  Father  Mother  Guardian

Are the parents:  Married  Separated  Divorced  Deceased

Are the rights of either parent restricted by court order?  Yes  No  
(Documentation may be required)

Who is financially obligated for tuition and fees? \_\_\_\_\_

Signature of Parent / Guardian \_\_\_\_\_ Date: \_\_\_\_\_

***Along with pages 1 through 3 of the Admission Application, please enclose:***

- The \$100 application fee payable to Saint Andrew’s United Methodist Day School
- Copy of applicant birth certificate
- Small photograph

***Send applications by mail or drop off to:***

Saint Andrew’s United Methodist Day School  
4B Wallace Manor Road  
Edgewater, MD 21037  
Attn: Office of Admissions  
Tel: 410-266-6429

*Saint Andrew’s Day School is committed to welcoming, respecting, and celebrating the individuality of all community members. Diversity at Saint Andrew’s is defined as differences in race, ethnic background, religious beliefs, gender, gender identity, sexual orientation, family composition, economic status, political beliefs, learning styles, and physical abilities.*



## Record Release Form

Name of current or previous school: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Name of contact: \_\_\_\_\_

Email address of contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please send Saint Andrew's United Methodist Day School all scholastic, health and confidential school records for the following student(s):

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

I hereby authorize the release and transfer of my child's/children's confidential and pertinent school and health records to Saint Andrew's United Methodist Day School.

\_\_\_\_\_

\_\_\_\_\_

*Parent/Guardian Signature*

*Date*

**Please send records to:**

Saint Andrew's Day School  
Office of Admissions  
4B Wallace Manor Road  
Edgewater, MD 21037