

APPLICATION FOR ENROLLMENT
PRESCHOOL-GRADE 9



P A R K C I T Y
D A Y S C H O O L

Today's Date: _____

Applying for Academic Year: _____

Grade/Program Applying for:

Grade:	<input type="checkbox"/> K	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9
	<input type="checkbox"/> Preschool – 2 day program (TTH)				<input type="checkbox"/> Full Day					
	<input type="checkbox"/> Preschool – 3 day program (MWF)				<input type="checkbox"/> Full Day			<input type="checkbox"/> Half Day		
	<input type="checkbox"/> Preschool – 5 day program				<input type="checkbox"/> Full Day			<input type="checkbox"/> Half Day		
	<input type="checkbox"/> Junior Kindergarten – 5 day program				<input type="checkbox"/> Full Day			<input type="checkbox"/> 5-Half Days plus 2 afternoons (MW or TTH)		
								<input type="checkbox"/> 5-Half Days plus 2 afternoons (MW or TTH)		

Name of Applicant

_____ Last First Middle Preferred Name

Home Address

_____ Street City State Zip

Telephone

_____ Email Address

Birthdate / / Age: Sex: M F

How did you become interested in Park City Day School?

Family Information

Parent/Guardian 1

Parent/Guardian 2

Title Dr. ___ Mr. ___ Mrs. ___ Ms. ___ Other ___

Title Dr. ___ Mr. ___ Mrs. ___ Ms. ___ Other ___

Name

Name

_____ Last First Middle Last First Middle

Home Address

Home Address

(if different from applicant)

(if different from applicant)

City State Zip City State Zip

Home Phone () _____

Home Phone _____

Occupation or title _____

Occupation or title _____

Employer _____

Employer _____

Business phone _____

Business Phone _____

Cell phone _____

Cell phone _____

Email _____

Email _____

Student's Parents are: Married Partners Divorced Separated Parent Deceased Never Married

Step Parent (name) _____ Step Parent (name) _____

Student resides with: Both parents Guardian(s) Mother only Father only Other (please specify)

Correspondence regarding this application should be sent to (name)

Family Information (continued)

Siblings:

Names and ages; current schools

School Information

Present School	Grade
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Address				
Street	City	State	Zip	Country

Telephone	Principal or Head of School
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Has the applicant previously applied to Park City Day School? Yes No If yes, what year?

Financial Aid

Do you intend to apply for financial aid? Yes No

If your child is admitted to Park City Day School, you will be asked to complete financial aid forms available at <https://www8.student-1.com/SSS/> and Childrenfirstutah at www.childrenfirstutah.org. Admission decisions and financial aid awards are made separately. Financial aid funds are limited and may not be available to all admitted students.

Application Fee

I have enclosed the **non-refundable \$50** application fee. I acknowledge that I waive my right of access to confidential information in my child’s admission file.

Parent or Guardian signature

Return application to Park City Day School or mail to:

**Admissions Office
Park City Day School
3120 Pinebrook Road
Park City, UT 84098**

**435.649.2791
admissions@parkcitydayschool.org**

For Office Use Only:	Date Fee Received	Fee Amount Received
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Park City Day School does not discriminate on the basis of gender, race, color, religion, disability, sexual orientation, citizenship, ethnic or national origin, in administration of its educational policies, admissions, scholarship and loan programs, athletic programs, or other school administered programs.