



CAROLINA
DAY SCHOOL

If available, we
would appreciate a
recent photo of
the applicant

Application for Admission

For Grade _____ Commencing _____

Parent or Guardian: Please complete this application and submit with a \$100 non-refundable application fee. You will then receive the necessary forms to complete the application process including a request for transcripts and teacher recommendation forms, and we will schedule a visit and admissions testing.

Applicant's Full Name _____ (_____)
Last First Middle Preferred Name

Date of Birth _____ Sex _____ Citizenship _____

Home Address _____ Zip Code _____

Social Security No. _____ Home Phone _____

Student lives with: Mother and Father Mother Father Guardian Other

Father's Name _____ Mother's Name _____
(including maiden)

Occupation _____ Occupation _____

Employer _____ Employer _____

Business Telephone _____ Business Telephone _____

Home Address _____ Home Address _____

Home Telephone _____ Home Telephone _____

Cell Phone _____ Cell Phone _____

E-mail _____ E-mail _____

Guardian's address and relationship, if applicable: _____

Parents Separated Parents Divorced Father Deceased Mother Deceased

If parents are separated or divorced, does each wish to receive mailings? Father Mother

OVER

Name of Applicant's Present School _____

Name of School Principal or Counselor _____

School Address _____ Zip _____ Phone (____) _____

Applicant's previous school experience:

NAME OF SCHOOL	CITY/STATE	GRADES	YEARS

Please list name, sex, age, grade, and current school for all other children in your family.

NAME	SEX	AGE	GRADE	SCHOOL

1. List any relatives who attended Carolina Day School, Asheville Country Day, or St. Genevieve/Gibbons Hall:
Full Name (including maiden) Relationship to child School Attended/Dates

_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Names of family/friends who are attending or have attended Carolina Day School.

3. How did you hear about Carolina Day School (if different from above)?

4. Please comment briefly on your educational expectations for your child and the reasons for consideration of Carolina Day School.

5. Please list applicant's extracurricular interests and activities (clubs, fine arts, sports, community service, etc.).

6. List any awards and honors (if applicable).

7. Describe your child's greatest assets/strengths.

8. Describe any areas for improvement.

9. Please share any information that would be helpful to us in determining your child's educational needs, or any additional information that you feel is relevant to this application.

10. Has your child taken French or Spanish in previous years?
If so, which language? _____ How many minutes per week? _____

Language Preference for grades 6-12 French Spanish *(All K-5 students take Spanish.)*
(Please be aware that Middle School Spanish classes tend to fill up early.)

I apply for the admission of my son/daughter to Carolina Day School. I enclose a check for the application and evaluation fee of \$100, which I understand is not refundable.

Date of Application

Signature of Parent or Guardian

CDS Supports the NAIS Anti-Discrimination Policy —
The National Association of Independent Schools (NAIS) has an institutional commitment to the principles of diversity. In that spirit, NAIS does not discriminate in violation of the law on the basis of race, religion, creed, color, sexual orientation, age, physical challenge, nation of origin, gender, or any other characteristic.

1345 Hendersonville Road • Asheville, NC 28803 • 828/274-0757 • www.cdschool.org