

# Application for Admission 2010—2011



Class applying for: \_\_\_\_\_

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## Child's Information:

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

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

Primary email : \_\_\_\_\_ Religion of family: \_\_\_\_\_

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M / F Place of worship: \_\_\_\_\_

Primary language spoken at home: \_\_\_\_\_

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## Family information:

Child lives with:  Father  Mother  Both parents  Other: \_\_\_\_\_

### Father:

Name: \_\_\_\_\_

Address (if different from applicant): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### Mother:

Name: \_\_\_\_\_

Address (if different from applicant): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### Siblings:

Name: \_\_\_\_\_ age: \_\_\_\_\_ sex: \_\_\_\_\_ School attending: \_\_\_\_\_

Name: \_\_\_\_\_ age: \_\_\_\_\_ sex: \_\_\_\_\_ School attending: \_\_\_\_\_

Name: \_\_\_\_\_ age: \_\_\_\_\_ sex: \_\_\_\_\_ School attending: \_\_\_\_\_

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## How did you become interested in UPUMC Weekday School?

- We have or have had children in the school.
- We heard from a current or alum family. Family name: \_\_\_\_\_
- Other, specify: \_\_\_\_\_

## Description of Student

Has this child ever attended school before?  Yes  No

If yes, which school? \_\_\_\_\_

What factors contributed to your decision to apply to the Weekday School?

\_\_\_\_\_

What are your child's greatest strengths?

\_\_\_\_\_

What are your child's greatest areas of needs?

\_\_\_\_\_

Does your child have special needs arising from a challenging condition such as special health, physical, social or emotional needs? This includes any allergies, illnesses and injuries your child may have.

Yes  No

If yes, please provide complete information regarding your child's needs in detail for us to determine whether we are capable of adequately meeting your child's needs.

\_\_\_\_\_

\_\_\_\_\_

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Admission to the WDS is based on understanding and agreeing to the following:

- I have visited the school for a tour.
- I have disclosed all information concerning special health, physical, social and emotional needs that my child may have. This includes allergies, illnesses and injuries.
- I have paid a \$50 nonrefundable application fee (cash or check).
- I realize that the WDS is an allergy aware school but not a peanut free school.
- I understand the refund policy of the Weekday School. The refund policy states that an application for a tuition refund is due to the WDS office by March 31, 2010. If the WDS is able to meet capacity for your child's age group by the first day of the school year, we will refund a portion of the tuition paid. No fees will be refunded.
- I realize that the WDS admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities available to children at the school. WDS does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies.

Signed: \_\_\_\_\_  
Parent

\_\_\_\_\_  
Parent

\_\_\_\_\_  
date

University Park UMC Weekday School  
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Dallas, TX 75225  
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[www.upumc.org](http://www.upumc.org)