

Application for Admission

2K through 5th Grade

830-278-1350

www.spesualde.org



Rev. Robert Counselman **Interim Rector**

Dr. Becky Reinhardt **Head of School**

Application Date: _____ School year: _____ Half or Full Day: _____ Enrolling in: _____

Student's Full Name: _____

Date of Birth: _____ Gender: _____ Age: _____ Ethnicity: _____

Student's Address: _____

City/State: _____ Zip: _____ Phone: _____

Previous Schools: _____ Has child ever repeated a grade? _____

Religion: _____ Place of Worship: _____

Name of Person(s) with whom Child resides: _____ Relationship: _____

Marital Status: _____ If divorced who has custody? _____

Father: First name: _____ Middle: _____ Last: _____

Address: _____

City/State: _____ Zip: _____ Phone: _____ Email: _____

Employer: _____ Position: _____

Employer Address: _____

City/State: _____ Zip: _____ Work Phone Number: _____

Mother: First name: _____ Middle: _____ Last: _____

Address: _____

City/State: _____ Zip: _____ Phone: _____ Email: _____

Employer: _____ Position: _____

Employer Address: _____

City/State: _____ Zip: _____ Work Phone Number: _____

Person to call in case of emergency (other than parents):

Name: _____ Relationship to child: _____

Address: _____

City/State: _____ Zip: _____ Phone: _____ Work Phone: _____

Name: _____ Relationship to child: _____

Address: _____

City/State: _____ Zip: _____ Phone: _____ Work Phone: _____

Release Consent:

I understand the policies of St. Philip's Episcopal School prohibit the release of my child to anyone that I have not designated. I will send a **written note** or **call** the school office when there is a change in routine or when my child is going home with another child, etc. I hereby authorize St. Philip's Episcopal School to allow my child to leave the school **ONLY** with the following person/s:

1. _____ ph.# _____ Relationship: _____

2. _____ ph.# _____ Relationship: _____

3. _____ ph.# _____ Relationship: _____

4. _____ ph.# _____ Relationship: _____

Child's Physician: _____ Phone: _____

Physician's Address: _____

My child has the following **allergies**: _____

My child has the following **medical conditions**: _____

Please list any **other medical conditions** the school should be aware of: _____

In the event the parent/s, or the designated emergency contact, can not be reached for emergency medical attention, I authorize St. Philip's Episcopal School to contact 911 to transport my child to the hospital:

_____ Uvalde Memorial Hospital | 1025 Garner Field Rd

_____ Other: _____

Parent/Guardian's Signature:

Date:

TWO YEAR OLDS ONLY must complete:

FIELD TRIPS:

I hereby **give** **do not give** consent for my child to participate in field trips.

I hereby **give** **do not give** consent for my child to be transported & supervised by the operations employees:
 for emergency care for emergency care on field trips

WATER ACTIVITIES:

I hereby **give** **do not give** consent for my child to participate in water activities including
 sprinkler play, water table play splashing/wading pools, swimming pools.

LUNCH:

I understand that lunch will not be served to my child while in care. All meals will be provided by the parents.

Receipt of Operational Policies:

I acknowledge receipt of the facilities operational policies including those for discipline & guidance.

SPES admits students of any race, national or ethnic origin to all the rights, privileges, programs, & activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies, scholarship and other school administered programs.

Parent/Guardian's Signature:	Date:
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