



Eastminster School Application for Admission

2450 Lennox Road Conyers, Georgia 30094
770-785-6780
www.eastminsterschool.org

Application Date _____ Applying to Grade _____ For Academic Year _____

Student's Name _____
Last First Middle Preferred Name

Date of Birth _____ Gender _____ Home Phone _____

Race/Ethnic Background _____ Religion _____

Address _____
Street City State Zip

How did you learn of Eastminster School? _____

Why are you interested in enrolling your child at Eastminster? _____

FAMILY INFORMATION

Father: Mr. _____ Dr. _____

Mother: Mrs. _____ Dr. _____ Ms. _____

Name Called _____

Name Called _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Home E-mail _____

Home Email _____

Education _____

Education _____

Religion _____

Religion _____

Father's Occupation _____

Mother's Occupation _____

Employer/Workplace _____

Employer/Workplace _____

Business Phone _____

Business Phone _____

Business E-mail _____

Business E-mail _____

Student lives with: Mother _____ Father _____ Stepmother _____ Stepfather _____ Other _____

Mother Deceased _____ Father Deceased _____ Parents Divorced _____ Parents Separated _____

Name of Stepparent _____

Address if different from that of student _____

Is either parent forbidden by court order from having equal access to the child or the school records? _____ Yes (If yes, attach a copy of court documents) No _____

Grandparents (paternal)

Title/Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Grandparents (maternal)

Title/Name _____

Address _____

City _____ State _____ Zip _____

Home _____

If there are other children in your family, please complete the following:

Name _____ Age/Grade _____ School _____

Name _____ Age/Grade _____ School _____

SCHOOL HISTORY

Student's current school _____

Address _____

Grades Attended _____ Reason for Leaving _____

Has this child ever been evaluated for academic, speech, language, sensory integration, physical, behavior, emotional, or attention difficulties by a school official, psychologist, physician or other professional?

If yes, a copy of the evaluation report and/or diagnostic results must be attached.

Has your child ever been expelled, suspended, or asked to withdraw from school? _____

What are your child's current extra-curricular activities? _____

HEALTH HISTORY

Does your child take any medication on a regular basis? _____ If yes, please describe: _____

Please indicate if your child has had a history of: Allergies _____ (Specify) _____

Physical Handicap _____ Heart Condition _____ Vision Defect _____ Infectious Disease _____ Diabetes _____

Asthma _____ Hearing Defect _____ Epilepsy _____

Are there any situations or pertinent information that we should be aware of in order to further understand your child?

Do you know of other families who might be interested in Eastminster School? If so, please give their name and address. _____

Thank you for applying to Eastminster School

Signature _____ Date _____

*The APPLICATION FOR ADMISSIONS should be accompanied with a \$100 non-refundable APPLICATION FEE.

Eastminster School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. We do not discriminate on the basis of race, color, national and ethnic origin in administration of our educational policies, admissions policies, scholarship and loan programs, and athletic and other school administered programs.