



# Eastminster School Application for Admission

2450 Lennox Road Conyers, Georgia 30094

770-785-6780

[www.eastminsterschool.org](http://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 \_\_\_\_\_

How did you come to know of Eastminster? \_\_\_\_\_

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 \_\_\_\_\_