



# Central Day School

## Admission Application

2005 Winchester Boulevard • Collierville, Tennessee 38017  
(901) 255-8134

<b>STUDENT INFORMATION</b>	APPLICANT'S NAME First		Middle	Last	Name Preferred	
	ADDRESS Street		City	State	Zip	Home Phone
	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH (MM/DD/YY)	PLACE OF BIRTH		SOCIAL SECURITY NUMBER	
	RACE (Federal Reporting Purposes)		GRADE ENTERING		SCHOOL YEAR ADMISSION DESIRED	
	LIST IN ORDER ALL SCHOOLS ATTENDED		ADDRESS	ZIP	DATE ATTENDED	GRADE

<b>PARENT (OR GUARDIAN) INFORMATION</b>	NAME OF FATHER (or Guardian)		OCCUPATION	EMPLOYER	BUSINESS PHONE	
	ADDRESS Street		City	State	Zip	HOME PHONE
	RELIGIOUS PREFERENCE		CHURCH		MEMBER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	NAME OF MOTHER (or Guardian)		OCCUPATION	EMPLOYER	BUSINESS PHONE	
	ADDRESS Street		City	State	Zip	HOME PHONE
	RELIGIOUS PREFERENCE		CHURCH		MEMBER? <input type="checkbox"/> Yes <input type="checkbox"/> No	

MARITAL STATUS OF MOTHER AND FATHER     Single     Married  
 Separated     Divorced     Widowed    WITH WHOM DOES APPLICANT LIVE?

<b>FAMILY</b>	NAMES OF BROTHERS AND SISTERS	AGE	GRADE	SCHOOL ATTENDING

<b>EMERGENCY</b>	PERSONS, OTHER THAN PARENT OR GUARDIAN, TO CONTACT IN THE EVENT OF AN EMERGENCY					
	Name	Street Address	City	State	Zip	Daytime Phone
	Name	Street Address	City	State	Zip	Daytime Phone

FOR OFFICE USE ONLY			
DATE APPLICATION AND FEE RECEIVED	AMOUNT RECEIVED	RECEIVED BY	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> NOT ACCEPTED