

**RETURNING STUDENT APPLICATION FOR ADMISSION**

*Application must be completely filled out and signed (front & back) to be processed.  
Registration fee of \$300.00 or applicable must accompany this application.*

**STUDENT INFORMATION** - Please register the following student(s):

**Re-Application Date:** \_\_\_\_\_

Name \_\_\_\_\_ Goes by: \_\_\_\_\_ Entering Grade \_\_\_\_\_ Birthdate \_\_\_\_\_ Social Security # \_\_\_\_\_  
Name \_\_\_\_\_ Goes by: \_\_\_\_\_ Entering Grade \_\_\_\_\_ Birthdate \_\_\_\_\_ Social Security # \_\_\_\_\_

**Student's Address:** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**PARENT OR GUARDIAN INFORMATION:** (Married, Divorced, Separated, Widowed) \_\_\_\_\_

If parents are separated or divorced, who has legal custody? \_\_\_\_\_

I agree to provide the school with a copy of any current legal documents showing custodianship. \_\_\_\_\_

**Please circle one:**

**FATHER / STEP-FATHER / MALE GUARDIAN:**

NAME \_\_\_\_\_  
Social Security # \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Beeper/Cell Phone \_\_\_\_\_  
Email Address \_\_\_\_\_  
Employer \_\_\_\_\_  
Position or Title \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Business Phone \_\_\_\_\_

**Please circle one:**

**MOTHER / STEP-MOTHER / FEMALE GUARDIAN:**

NAME \_\_\_\_\_  
Social Security # \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Beeper/Cell Phone \_\_\_\_\_  
Email Address \_\_\_\_\_  
Employer \_\_\_\_\_  
Position or Title \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Business Phone \_\_\_\_\_

**OTHER PARENT (Optional)** \_\_\_\_\_

Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**OTHER PARENT (Optional)** \_\_\_\_\_

Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**EMERGENCY CONTACTS:** If parents cannot be reached, to what relative or friend do I give permission to pick up or make decisions regarding the health and well being of my child?

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Is there a medical condition, physical or mental handicap, mental or nervous condition, learning disability or attention deficit disorder of which the school should be aware? Yes \_\_\_\_\_ No \_\_\_\_\_

(Optional: Please complete the "Voluntary Declaration of Disability Form" if applicable. Form is available upon request from the school admissions office.) If so, please describe the condition and list any medications the child is currently taking. \_\_\_\_\_

Does your child have any known allergies (ex: food allergies, insect bites, medicines, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain: \_\_\_\_\_

**DISCIPLINE RECORD:**

- 1. Has your child ever been adjudicated through the court system? Yes \_\_\_\_\_ No \_\_\_\_\_
- 2. Has your child ever been charged with:
  - A misdemeanor? Yes \_\_\_\_\_ No \_\_\_\_\_ Found Guilty? Yes \_\_\_\_\_ No \_\_\_\_\_
  - A felony? Yes \_\_\_\_\_ No \_\_\_\_\_ Found Guilty? Yes \_\_\_\_\_ No \_\_\_\_\_
- 3. Has your child ever been suspended or expelled from another school? Yes \_\_\_\_\_ No \_\_\_\_\_
- 4. Is your child currently under suspension or expulsion from any other school? Yes \_\_\_\_\_ No \_\_\_\_\_

**PERMISSIONS:**

- I agree that my child(ren) may participate in school sponsored field trips. Yes \_\_\_\_\_ No \_\_\_\_\_
- I agree that my child(ren) may participate in interscholastic or intramural athletic programs. Yes \_\_\_\_\_ No \_\_\_\_\_
- I agree that my child(ren) may be photographed in conjunction with the school's activities and/or advertising campaigns. Yes \_\_\_\_\_ No \_\_\_\_\_
- If a parent or guardian cannot be reached in case of accident or illness requiring immediate attention, I grant permission for the school to summon emergency medical services and to obtain hospital treatment. Yes \_\_\_\_\_ No \_\_\_\_\_

I understand that the above permissions are granted assuming they are exercised in accordance with school regulations. I also agree on behalf of myself and my child to release and hold harmless, the school, its agents and employees, from all claims, damages, or other liabilities which are not the result of gross negligence by this school, its agents, or employees. I also agree to indemnify the school for all damages incurred and or caused by my child.

**Parent/Guardian Signature:** \_\_\_\_\_

**GRANDPARENT INFORMATION:** So that we can include your grandparents in our Grandparents' Club, invite them to various school activities, and keep them informed, please list their names and addresses.

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**TERMS OF ENROLLMENT**

This school operates under a non-discriminatory policy whereby each child is accepted on his/her own merit without regard to race, color, gender, and national or ethnic origin. Acceptance to Memorial Day School is dependent upon testing results, records, evaluation, parent conference and subsequent placement. The school reserves the right to refuse admission to any applicant who, in the opinion of the administration, will not benefit from the total program offered. ***I understand that my obligation to pay the fees for the full academic year is unconditional and that after August 13th of each year no portion of fees paid or outstanding will be refunded or cancelled in the event of absence, withdrawal or dismissal of the above student from the school.***

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Student Name

**CONDUCT PLEDGE:**

The student and the student's parents/guardians agree to read the Parent/Student Handbook (please refer to student handbook at www.memorialdayschool.com) and abide by the school's policies, rules, and regulations, as may be adopted or amended from time to time. The student may be suspended or dismissed from school at any time, if, in the opinion of the school's administration, (1) the student's academic progress is unsatisfactory; (2) the student's conduct at school or away therefrom is unsatisfactory or is detrimental to good order and discipline in the school; or (3) the student and/or the student's parents/guardians fail to abide by the school's policies, rules, and regulations or otherwise seriously interfere with the school's accomplishment of its educational purpose. The acceptance of the student for enrollment in any school year shall not obligate the school to accept the student in any succeeding year.

Part of Memorial Day School's commitment to safeguarding the health of its students and providing a safe place for its students to learn and grow, is its decision that the school shall be free of illegal drugs and alcohol. Because substance abuse, either while at school or away from school, can seriously endanger the health and safety of students and render it impossible to create a conducive environment for learning, Memorial Day School has established a Drug-Free School program to detect users and to remove abusers of alcohol, drugs or other controlled substances. Memorial Day School is committed to preventing the use and/or presence of these substances in its school or on its property and to encouraging its students to say "no" to drugs and alcohol.

Memorial Day School will utilize mandatory drug and alcohol testing which will be applicable to all students enrolled in the seventh through twelve grades. Memorial Day School reserves the right to drug and/or alcohol test these students at any time, for any reason.

We agree to support and participate in the drug/alcohol testing program and consent to the testing of my child under the program.

\_\_\_\_\_  
STUDENT (1) SIGNATURE

\_\_\_\_\_  
STUDENT (2) SIGNATURE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

**I HAVE READ AND AGREE TO ALL THE TERMS OF THIS ENROLLMENT APPLICATION. My signature below indicates that all the information contained in this application is factually correct and honestly presented.**

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Student Name

*Memorial Day School admits students of any race, color, and national or ethnic origin.*