



Sweetwater Episcopal Academy

Application for Admission

Date: _____ Grade: PK4 K5 1 2 3 4 5 School Year 20__ to 20__
(Circle one)

1. Name of child: _____
Last First Middle initial
2. Name to be called in school: _____
3. Male Female Age: _____ Date of Birth: _____
4. Home Address: _____
Street

City State Zip Code
5. Home Phone Number: _____ Email Address: _____
6. Present School: _____
Name City State
Teacher(s): _____ Grade: _____
7. Previous School(s): _____ From: _____ To _____
_____ From: _____ To _____
8. Father's Name: _____ Phone No. _____
Address (if different from above): _____
Occupation/Company: _____ Business Address: _____
Business Phone: _____ Cell Phone: _____ Pager: _____
9. Mother's Name: _____ Phone No. _____
Address (if different from above): _____
Occupation/Company: _____ Business Address: _____
Business Phone: _____ Cell Phone: _____ Pager: _____
10. Child lives with: Both Parents Mother Father Other, explain _____
11. Church you attend: _____ Denomination: _____
12. Brothers (ages): _____ Sisters (ages): _____
13. Has applicant ever repeated a grade? Yes No Which grade? _____

14. Has the applicant ever been dismissed from school for any reason? Yes No Suspended? Yes No
Asked to withdraw? Yes No If so, give full details including name of school and principal.

15. Has the applicant ever been diagnosed as having a chronic medical problem? _____

Emotional disorder: _____ Learning Disability: _____ Other: _____

List medication(s) taken daily: _____

16. Extracurricular activities: _____

Special awards: _____

17. Why do you want your child to attend Sweetwater Episcopal Academy? _____

18. How did you hear about Sweetwater Episcopal Academy? _____

Parent Signature: _____ Date: _____

OPTIONAL INFORMATION

Maternal Grandparents: _____

Street Address: _____

City, State, Zip code, Phone: _____

Paternal Grandparents: _____

Street Address: _____

City, State, Zip code, Phone: _____



Your application is complete when received with:

- _____ \$150.00 application/screening fee
- _____ Copies of recent report cards
- _____ Previous test results, if available
- _____ Teacher recommendation form

Mail to:

Director of Admissions
Sweetwater Episcopal Academy
251 East Lake Brantley Drive
Longwood, Florida 32779

Office Use Only

Received Application: _____

Application/Screening Fee: _____

Notification to Parents: _____

Teacher Recommendation: _____