



# HANCOCK DAY SCHOOL

## APPLICATION FOR ADMISSION

6600 Howard Foss Drive  
Savannah, GA 31406  
912-351-4500



DATE \_\_\_\_\_

Applying for school year: \_\_\_\_\_ Applying for grade: \_\_\_\_\_

FULL NAME OF APPLICANT \_\_\_\_\_

(LAST) (FIRST) (MIDDLE) (PREFERRED NAME)

ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

MALE OR FEMALE (circle one) DATE OF BIRTH \_\_\_\_\_ CURRENT AGE \_\_\_\_\_

### SCHOOLS ATTENDED FOR THE PAST TWO YEARS:

Name \_\_\_\_\_ Name: \_\_\_\_\_

Location: \_\_\_\_\_ Location: \_\_\_\_\_

Grades completed: \_\_\_\_\_ Grades completed: \_\_\_\_\_

Dates: \_\_\_\_\_ Dates: \_\_\_\_\_

Has the applicant ever been socially, psychologically or academically evaluated by someone other than the classroom teacher? If so, please describe and list the name and address of the individual whose services were utilized:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARENT OR GUARDIAN INFORMATION**

FULL NAME OF FATHER \_\_\_\_\_

EMPLOYER \_\_\_\_\_

POSITION \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

FULL NAME OF MOTHER \_\_\_\_\_

EMPLOYER \_\_\_\_\_

POSITION \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

ARE THE PARENTS SEPARATED OR DIVORCED? \_\_\_\_\_

IF SO, WHO HAS LEGAL CUSTODY? \_\_\_\_\_ Mail should be sent to **MOTHER FATHER BOTH**

In case of emergency notify: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list other children in your family:

Name	DOB	Sex	Current Grade	Current School
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I hereby make application for the admission of my child to Hancock Day School. Completion of this form does not obligate the family or school to enroll the applicant. This decision is made at the conclusion of the admission process. A non-refundable application fee of \$100.00 should accompany this application. Make checks payable to Hancock Day School. Hancock Day School admits qualified students without regard to race, creed, color, or national or ethnic origin.

**SIGNATURE OF PARENT(S) OR GUARDIAN:**

\_\_\_\_\_

Hancock Day School admits students of any race, religion, creed, gender, or national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students enrolled at the school. It does not discriminate on the basis of race, color, national and ethnic origin, in the administration or its educational policies, admission policies, scholarship programs and athletic and other school-administered programs.



6600 Howard Foss Drive  
Savannah, GA 31406  
Phone: 912-351-4500 Fax: 912-351-4550

Dear Parents,

As a part of our evaluation of your child for our program, we would like to have some information from your child's present teacher. We feel that this information, along with our own evaluation, will enable us to decide if our program is a good fit for your child. Attached, you will find a form to be completed by the teacher. Please forward this form to your child's teacher as soon as possible. Once completed please have the teacher mail the form to our main office.

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Pursuant to the Family and Education Rights and Privacy Act of 1974, the following options are open to you. Initial the appropriate statement(s) before having the attached form completed.

- I waive the right to see this evaluation after it is completed.
- I reserve the right to see this evaluation after it is completed.
- I grant permission for the person completing this form to speak with an administrator from Hancock Day School.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_



# STUDENT RECOMMENDATION FOR HANCOCK DAY SCHOOL

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

The following recommendation must be completed in order for the above named student to be considered for admission to Hancock Day School during the \_\_\_\_\_ school year. Please return in a signed, sealed envelope.

	Below Average	Average	Above Average	Outstanding	No Basis For Judgement
Academic Achievement					
Academic Potential					
Attitude					
Initiative					
Study Habits					
Personal Integrity					
Conduct & Discipline					
Peer Relationships					

Comments

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I recommend the above student for admission to Hancock Day School \_\_\_\_\_

I **do not** recommend the above student for admission to Hancock Day School \_\_\_\_\_

Teacher's Name \_\_\_\_\_

Signature \_\_\_\_\_

Work Phone \_\_\_\_\_ Date \_\_\_\_\_

School Name and Address \_\_\_\_\_

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HANCOCK DAY SCHOOL  
AUTHORIZATION FOR RELEASE OF  
EDUCATIONAL RECORDS/INFORMATION

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

I, hereby, as the parent of a student under 18 years of age, do request and authorize

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

to release the information below. In order for a student to be considered for admission to Hancock Day School, the following must be submitted:

- Official record (parents' names, student's name, birth date, grade level, academic report card(s,) standardized achievement and aptitude test scores, attendance data, etc.)
- Birth certificate copy
- Health record (vision, hearing, immunizations)
- Discipline records
- Teacher recommendation (sealed)

Please send information to:

HANCOCK DAY SCHOOL

6600 HOWARD FOSS DRIVE

SAVANNAH, GA 31406

PHONE: 912-351-4500

FAX: 912-351-4550

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

\_\_\_\_\_  
RELATIONSHIP TO STUDENT

\_\_\_\_\_  
DATE



PARENT/GUARDIAN STATEMENT  
STUDENT APPLYING FOR GRADES 1-5

Thank you for applying to Hancock Day School. The Admission Committee would like to gain insight on your child's academic, physical, social and emotional development. This information is confidential and will only be viewed by the Committee in order to grasp a better understanding of your child.

Student's Full Name \_\_\_\_\_ Applying for Grade \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ Application Date \_\_\_\_\_

Why do you feel Hancock Day School would be a good match for your child?

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Please describe your child's interests and talents.

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Please describe your child's strengths and/or areas in need of improvement.

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Is there a particular strength you would like developed or a weakness you see needing attention?

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Please describe your child's relationship with his/her peers.

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Are there any family circumstances that you feel are important for us to know?

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Has your child ever been referred for professional counseling? (If yes, please describe.)

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Have there been any special health or developmental problems? Is there a history of recurrent middle ear infections or fluid? \_\_\_\_\_

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Does your child take any medications on a regular basis? (If yes, please specify.) \_\_\_\_\_

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Please describe any problems your child has had with verbal communications.

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What is your child's primary language? \_\_\_\_\_

Additional Comments:

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STUDENT QUESTIONNAIRE  
STUDENT APPLYING FOR GRADES 1-5

TO THE APPLICANT:

PLEASE COMPLETE THE FOLLOWING  
QUESTIONS IN YOUR OWN HANDWRITING

Your Name \_\_\_\_\_

1. Please complete the following sentences:

My favorite subject is \_\_\_\_\_

My least favorite subject is \_\_\_\_\_ because \_\_\_\_\_

\_\_\_\_\_.

My most difficult subject is \_\_\_\_\_ because \_\_\_\_\_

\_\_\_\_\_.

2. Please tell us the name of your favorite book; tell us why you like it.

\_\_\_\_\_  
\_\_\_\_\_

3. What activities do you enjoy most (camping, art, church, volunteering, athletics, music, exploring etc.)?

\_\_\_\_\_  
\_\_\_\_\_

4. Please fill in the following sentences:

My friends like me because I am \_\_\_\_\_ , \_\_\_\_\_

and \_\_\_\_\_

I would like to be better at \_\_\_\_\_

\_\_\_\_\_

Someday I want to \_\_\_\_\_

\_\_\_\_\_

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE. WE LOOK FORWARD TO SEEING YOU  
SOON!