



HANCOCK DAY SCHOOL

APPLICATION FOR ADMISSION

6600 Howard Foss Drive

Savannah, GA 31406

912-351-4500

ATTACH
APPLICANT
PHOTO
HERE

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.

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 _____



HANCOCK DAY SCHOOL

KINDERGARTEN PROGRAM

CHECKLIST

To help us evaluate the following child for our Kindergarten program, we would appreciate your input to the checklist below. Please mail to Hancock Day School soon as it is completed.

Student's Name _____

Y OR N

	Knows name and address
	Can work independently for 10 minutes
	Can focus in a group setting
	Can follow 2 step directions
	Displays self-control
	Plays well with others
	Follows rules
	Respects teacher authority
	Is ready for a structured environment
	Speech easily understood by peers and teachers
	Can write first and last name using capital and lower case formation
	Uses pencil/crayon with control within a defined area
	Uses scissors with control
	Recognizes 8 basic colors
	Recognizes and draws 4 basic shapes
	Can sing or say the alphabet
	Can recognize upper case letters Indicate how many:
	Can recognize lower case letters Indicate how many:
	Knows some of the letters sounds Indicate how many:
	Can count to: Recognizes to:
	Shows interest in learning

ACADEMIC READINESS Should be ready ____ May not be Ready ____ Unsure at this time ____

BEHAVIORAL READINESS Should be ready ____ May not be Ready ____ Unsure at this time ____

COMMENTS:

FORM COMPLETED BY: _____ SCHOOL: _____

MAY WE CONTACT YOU WITH QUESTIONS? _____ EMAIL: _____

PHONE: _____ DATE: _____