



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.

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

PRE-KINDERGARTEN PROGRAM

CHECKLIST

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

Student's Name _____

Y OR N

	Knows first name, last name and age
	Separates easily from parents
	Has a happy attitude
	Socially interacts with peers and respects the rights of others
	Shows good manners and respects school authority
	Readily shares toys and other materials
	Shows an interest in learning
	Can handle small upsets during the day
	Manages independent time
	Waits his/her turn in line, games, and activities
	Can use the toilet independently
	Can dress self after using toilet
	Can wash hands independently
	Speaks in sentences
	Speech is easily understood by peers and teachers
	Can sit and listen to a story or directions
	Fine motor development appropriate for age
	Counts 1-10 (y or N) Recognizes 1-10 (Y or N)
	Sings or says the alphabet
	Can recognize upper case letters Indicate how many:
	Can recognize lower case letters Indicate how many:
	Familiar with nursery rhymes
	Knows 8 basic colors
	Knows 4 basic shapes

ACADEMIC 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: _____