



Admissions Application Form

for students applying for admission for academic year 2017-2018

Application Fee **\$55**
made payable to
Harford Day School

2017
2018

APPLICATION FOR STUDENTS APPLYING FOR ACADEMIC YEAR 2017-2018

APPLICANT INFORMATION

Applying for Grade _____

Name _____ Male Female
First Middle Last

Preferred Name _____ Age _____ Birthdate _____ Birthplace _____

Home Address _____ City _____ State _____ Zip _____

SCHOOL INFORMATION

Current School _____ School Phone _____

School Address _____ City _____ State _____ Zip _____

Principal _____ Main Homeroom Teacher _____

Current Grade _____ Years Attended _____ School Fax _____

Does your child have any current health concerns (asthma, anxiety, seizures) or life-threatening allergies? Yes No

Has your child ever had psychological or educational testing? Yes* No
* If Yes, explain _____

Has your child applied to Harford Day before? Yes No Year: _____

FAMILY AND HOUSEHOLD INFORMATION

Dr. Mr. Mrs. Ms. Other _____
Parent/Guardian Full Name (Preferred name if different)

Home Address (if different from above) _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Email _____

Occupation/Title _____ Employer _____

Work Address _____ Work Phone _____

Colleges Attended / Degrees Earned _____

Dr. Mr. Mrs. Ms. Other _____
Parent/Guardian Full Name (Preferred name if different)

Home Address (if different from above) _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Email _____

Occupation/Title _____ Employer _____

Work Address _____ Work Phone _____

Colleges Attended / Degrees Earned _____

Parent(s) is/are: Single Married Divorced Separated Other _____

Siblings Name	Birthdate	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____

Relatives associated with Harford Day School (currently or formerly)

Name	Relation to Applicant	Association with HDS
_____	_____	_____
_____	_____	_____

GRANDPARENT INFORMATION

Paternal Grandparent Name(s)				Home Phone
_____	_____	_____	_____	_____

Home Address	City	State	Zip	Email
_____	_____	_____	_____	_____

Maternal Grandparent Name(s)				Home Phone
_____	_____	_____	_____	_____

Home Address	City	State	Zip	Email
_____	_____	_____	_____	_____

Please write a brief description of your child, including information about her/his strengths, special interests and talents, areas for growth or particular educational needs as well as significant life events or influences.

Briefly explain which elements of Harford Day School and its programs most heavily influenced your decision to apply and your expectations of the school experience for your child and family.

How did you learn of Harford Day School? _____

Do you plan to use our Extended Day service? Yes No

FINANCIAL AID

Harford Day has a need-blind admissions program. This means that admissions decisions are independent of the financial aid process. If your family is in need of assistance, we encourage you to apply for financial aid. Please note: Families enrolling at Harford Day without financial aid funding are expected to pay full tuition in subsequent years. In the event of a change in family circumstances, families may apply for financial aid consideration.

Our family plans to apply for Financial Aid? Yes No

PARENTAL AGREEMENT AND PERMISSION

The information in this application is true and accurate.

Harford Day School may request and receive confidential records, recommendations, and other information concerning my child's application for admission. All collected materials will be used for the purpose of evaluating the applicant for admission and placement at Harford Day School. On behalf of my child, I/we waive any right that we may have to inspect, review, or copy these documents.

Parent's/Guardian's Signature	Date
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Parent's/Guardian's Signature	Date
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