



BURLINGTON DAY SCHOOL

Application for Admission

The Mission of Burlington Day School is to provide an academically challenging education to college-bound students and to maintain a small school environment where each can develop individually in a climate of respect and understanding.

Applicant Information:

Full Name:

First _____ Middle _____

Last _____ Goes By _____

Age _____ Date of Birth _____ Birthplace _____

Male Female Home Phone _____

Home Address:

Street _____

City _____ State _____ Zip _____

Applying For Grade _____ Beginning _____

Family Information: Address and home phone are only necessary if different from applicant.

Father:

Title and Full Name _____

Preferred Name _____

Home Address:

Street _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____ Work Phone _____

Employer _____ Pager _____

Occupation _____

Business Address _____

City _____ State _____ Zip _____

Member NCAIS, accredited by Southern Association of Colleges and Schools

Mother:

Title and Full Name _____

Preferred Name _____

Home Address Street _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____ Work Phone _____

Employer _____ Pager _____

Occupation _____

Business Address _____

Applicant lives with: Both parents Mother Father Other

If Other, please provide name, relationship, address and phone number:

Name of Stepfather (if applicable) _____

Name of Stepmother (if applicable) _____

Parents Separated Parents Divorced

Father Deceased Mother Deceased

Applicant's Siblings:

Name _____ School _____ Age _____

Name _____ School _____ Age _____

Name _____ School _____ Age _____

School communication should be directed to: Father Mother Both Parents

Other _____

Name of person financially responsible for tuition payment _____

Do you wish to apply for need-based financial assistance? _____

Present School Information:

Public Independent Parochial Other _____

School Name _____

School Address _____

City _____ State _____ Zip _____

School Phone _____ Current Grade Level _____

Principal or Director _____

Teacher or Guidance Counselor _____

Alumni Information:

Please list all members of the family who are Burlington Day School alumni including parents, grandparents, siblings and other.

Name _____ Class of _____

Name _____ Class of _____

Name _____ Class of _____

Name _____ Class of _____



About The Applicant:

Share with us your perception of your child's unique qualities.

Why do you think **Burlington Day School** would be a good match for your child?

We ask that our students at **Burlington Day School** agree to uphold our five Flags of Virtue –
Courage, Honesty, Friendship, Loyalty and Responsibility.

How do you feel your child will benefit and learn by embracing these important values?

In order to better serve your child, should we be aware of any educational evaluations, learning style needs or a medical history that may influence your child's performance in class or in the athletic program?

Burlington Day School benefits greatly from the interests and expertise of parents in many aspects of school life. In what areas might you like to be involved with school activities?

Signature of Parent(s)/Guardians(s) _____

Date _____