



Preschool Student Application

194 North Limestone Street Lexington, Kentucky 40507-1121
(859) 254-1361/Facsimile (859) 254-5627 www.sayreschool.org

Date _____
Appl. Fee _____
CK# _____
(for office use only)

APPLICANT INFORMATION (please print)

Date _____

Full Name _____ Preferred Name _____

Applying for academic year _____ Male Female

Date of Birth _____ Place of Birth _____

Applicant lives with Father Mother Stepfather Stepmother Other
(check all that apply)

Do you prefer separate mailings for each parent? Yes No

Person financially responsible for applicant _____

FAMILY INFORMATION

Parent/Guardian _____ Parent/Guardian _____

Mr. Mrs. Ms. Dr. Other Mr. Mrs. Ms. Dr. Other

First M. Last

First M. Last

Home Address

Home Address

City State Zip

City State Zip

Home Telephone Cell

Home Telephone Cell

Email Address for school correspondence

Email Address for school correspondence

Siblings (optional information)

Grade/Level

Current School

Siblings (optional information)

Grade/Level

Current School

Siblings (optional information)

Grade/Level

Current School

Name of relative/s who is/are Sayre alumni/ae or who now attend Sayre School (optional information):

Applicant's current school _____

Street _____ City _____ State _____ Zip _____ Telephone _____

Will the student require any modifications/accomodations (academic, health-related, or otherwise) from Sayre School?

Yes No If yes, please explain _____

FINANCIAL AID

Need-based financial aid is available for students applying to Sayre School. Families interested in financial aid should complete the Parent's Financial Statement (PFS) and list Sayre as a recipient. The form is linked from the Sayre School website (www.sayreschool.org > Admission > Tuition & Financial Aid). Financial aid is awarded to families who qualify based on need and meet the school's financial aid policies and procedures. A student must be officially accepted to the school before receiving a financial aid award.

Please contact the Admission Office for information on financial assistance.

ADMISSION PROCESS

For preschool admission, a parent visit and child observation are required for enrollment.

The information contained in this application is true and accurate. I also understand that any falsification or omission to the application will disqualify my child from further consideration and/or prompt withdrawal of any offer of admission.

This application must be accompanied by a \$75, non-refundable, application fee.

Signature of Parent/Guardian

Date

Sayre School admits students of any race, color, national, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national, and ethnic origin in administration of its educational policies, admissions policies, scholarship and financial aid programs, and athletic and other school-administered programs.

Date of Appl. _____

Date of Birth _____

(for office use only)

We are pleased that you are applying for admission for your child to Sayre School. The Admission Committee appreciates the insight parents/guardians have regarding their child's academic, social, and emotional life. Answering the questions below will help us know and serve your child better. The Admission Committee considers this information confidential. Please attach additional pages if extra space is needed.

Name of applicant: _____
Last First Middle Preferred Name

What are your primary reasons for applying to Sayre's preschool? _____

What are you hoping your child will gain from being a part of Sayre's preschool program? _____

Please describe your child's temperament and interests. _____

Has your child been in daycare or any other group setting with children of similar age? If so, how did she/he respond? _____

What do you see as your child's particular strengths and talents? _____

What areas would you like to see your child improve upon or strengthen? _____

Has your child ever been evaluated for learning or developmental challenges (e.g., speech, language, occupational therapy, sensory integration, attention deficit, behavior, auditory, vision, etc)? In order to best serve your child, we encourage you to share any evaluations and recommendations with us. _____

What role do you want to play in your child's education? Please share your goals and expectations for your child while a student at Sayre. _____

Does your child have any medical conditions, emotional needs or allergies that would impact his or her school day? _____

Are there any other circumstances, family or otherwise, that you feel are important for us to understand? _____

Are there any languages other than English spoken in your home? If so, please describe. _____
