1701 North Quaker Lane Alexandria, VA. 22302 703-998-8795 Stcadmin@saintclement.org

| For Office Use Only |
|-------------------------|
| Date Rec'd |
| () App. Fee pd. CK# |
| () Reg. Fee pd. CK# |
| () Tuition Deposit CK# |

Saint Clement Episcopal School Application for 2022-2023

Saint Clement Episcopal School welcomes all families and does not discriminate on the basis of race, color, religion, gender, national origin or disability.

~~Please <u>Print</u> and Complete Both Pages~~ Incomplete applications will not be accepted

| Child's Name: | | Nickname: M or | | | |
|---|-------------------------|---------------------------------------|----------------------|----------------------|--|
| LAST | FIRST | MIDDLE | | | |
| Date of Birth: / MONTH DAY | | e as of Sept. 30, | 2022:(yrs | s.)(mos.) | |
| Address: | | СІТ | <i>(</i> | ZIP CODE | |
| PARENTS OR GUARDIANS: | Child lives with: (|)One Parent (|)Both Parents (|)Shared Custody | |
| Parent: | ST | FIRST | occ | UPATION /EMPLOYER | |
| E-MAIL | WORK PHONE | | CELLPHONE | | |
| Parent: | LAST | | | OUD ATION/FIND OVER | |
| E-MAIL | | FIRST OCCUPATION/EMPLOYER CELL PHONE | | | |
| Other persons living in the hom and relationship to your child: | e, including siblings a | and live-in childcar | e providers. Pleas | e provide names | |
| Child's Status: Returning Stud | lent Sibling of Curre | ent Student Nev | v Applicant St. Cl | ement Parishioner | |
| Please Circle Preferred Progr | am: Half-Day (8-12:4 | 45) Partial Day (8- | 3) Full Day (8-4) Ex | ctended Day (8-5:30) | |
| ALLERGIES to food, medicatio | n, and/or materials? | | | | |
| If so, potential reaction: | | | | | |

We are a peanut free school!

| Please List All Previous Child Car | e i iovideis, i iog | • | |
|--|---|--|--------------------------------|
| | | | |
| Primary Language Spoken At Hon | ne: | | |
| Other Languages Spoken By In-H | ome Caregivers: | | |
| Does your child have any special does not affect admission. If yes, ple | | _ This information is used fo | or placement purposes only and |
| Does your child receive any supp | | | used for placement purposes |
| only and does not affect placement. | ii yes, piease des | scribe. | |
| | | | |
| | | | |
| Distribution of Address: I hereby operant of a child enrolled in this school (Addresses will not be given out for a | ool. | • | |
| I have read this form and acknowl notify Saint Clement Episcopal Sc | • | <u>-</u> | <u>-</u> |
| Signature of Parent or Guardian | | | Date |
| | Fee Sche | edule 2022-2023 | |
| New student | Ф ГО 00 | Returning student Application fee: waived | |
| Application fee for new student: Registration fee new student: | \$50.00 \$75.00 | Application fee: Registration fee: | \$25.00 |
| 8:00 a.r | fee m. to 12:45 p.m. m. to 3:00 p.m. m. to 4:00 p.m. | \$275.00 \$850.00 \$1,260.00 \$1,320.00 | |

Please note dismissal times are subject to potential change based on COVID Protocol

\$1,475.00

8:00 a.m. to 5:30 p.m.