MONROE COUNTRY DAY SCHOOL

Student Application

603 S. Broad St . Monroe, GA 30655 . 770-267-8955 . MONROE.SCHOOL

STUDENT APPLICANT INFORMATION							
Student Last Name		First		M.I.	Date		
Street Address				Age		DOB	
City		State		ZIP			
Phone		E-mail Address					
Alt. Phone							
Grade Sought							
Transfer	YES ☐	NO ☐	What school?				
Have you ever been expelled from school?	YES ☐	NO ☐	If yes, explain				

CUSTODIAL PARENT OR GUARDIAN INFORMATION	
Parents are: ☐ Together ☐ Do not live together Other:	Student resides with:
Custody with:	Other, explain:

PARENTS or GUARDIANS and EMERGENCY CONTACT			
Person(s) to contact about admission:			
Full Name		Relationship	
Address		Phone	
City		Alt. Phone	
Full Name		Relationship	
Address		Phone	
City		Alt. Phone	
Emergency		Relationship	
Address		Phone	
Emergency		Relationship	
Address		Phone	
Additional Comments:			

Nondiscriminatory Policy-MCDS admits students of any race, religion, color, creed, national or ethnic origin or gender 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, religion, color, creed, national or ethnic origin, gender, sexual orientation, or disability in administration of educational policies, admission, scholarship or loan programs, athletic or any other school-administered program.

FEES

Application Fee

The Application Fee is $100 per family. Fee is submitted with application.

Enrollment Fee per child (upon acceptance)

The Enrollment Fee of $200 is a one-time fee charged to all newly admitted students to cover the costs associated with admissions, transcripts, books, web, and other services and supplies associated with the education of students.

ADDITIONAL STUDENT INFORMATION							
Student Last Name		First		M.I.	Date		
Street Address				Age		DOB	
City		State		ZIP			
Phone		E-mail Address					
Alt. Phone							
Grade Sought							
Transfer	YES ☐	NO ☐	What school?				
Have you ever been expelled from school?	YES ☐	NO ☐	If yes, explain				

ADDITIONAL STUDENT INFORMATION							
Student Last Name		First		M.I.	Date		
Street Address				Age		DOB	
City		State		ZIP			
Phone		E-mail Address					
Alt. Phone							
Grade Sought							
Transfer	YES ☐	NO ☐	What school?				
Have you ever been expelled from school?	YES ☐	NO ☐	If yes, explain				

Comments: