

Emergency Contact: _____ Relationship to Child _____

Address: _____
Street City State Zip Code

Home Phone: _____ Mobile Phone: _____

Work/Alternate Phone: _____ Email: _____

Occupation: _____ Location of Work: _____

CHILD'S PROFILE

Child's Health / Medical Needs: _____

Child's Allergies: _____

Child's Maintenance Medication: _____

Describe any medical, physical, psychological, behavioral and/or other needs, conditions or concerns about the child that would assist the school & staff to best support the child:

Child's Religious Preference (optional): _____ Child's Ethnic Origin (optional): _____

Child Resides With: _____

Parent's Relationship Status: _____

Siblings: _____

Name	Age	School / Program Currently Attending
_____	_____	_____
_____	_____	_____
_____	_____	_____

Was child adopted: YES NO If yes, at what age: _____

Child's Spoken Language(s): _____

Child's Daily Routine: _____

Child's Daily Sleeping Schedule: _____

Child's Responsibilities at Home: _____

Child's Interests / Hobbies / Sports: _____

Does Child Play a Musical Instrument: YES NO How Long: _____

If yes, which instrument is played: _____

Time Spent Watching Television/Movies/Videos: _____
Daily Amount Weekly Amount

Time Spent on Computer / Playing Electronic Games: _____
Daily Amount Weekly Amount

Please describe your child's learning style, disposition, personality and any other characteristics that would assist the school in best supporting the child while in school:

EDUCATIONAL PROFILE

How did you come to know about University School? _____

What are your interests / reasons for choosing University School? _____

What other schools / programs are you applying for? _____

If applicable, why is child changing schools / programs? _____

Has child ever repeated or skipped a grade?

YES NO If yes, please explain: _____

Has child ever been suspended, expelled or asked to leave another school / program?

YES NO If yes, please explain: _____

ENROLLMENT RESPONSIBILITY & PROCESS

Complete financial responsibility for student's initial and continued enrollment, until otherwise changed in writing, will be assumed by:

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

1. **Application & Fee**

Please submit a completed *Application for Admission* along with a \$50 Application Fee (non-refundable).

2. **Receipt of Records**

Please complete and send the *Parent Authorization for the Release of School Records* form to your child's school.

3. **Receipt of Recommendations**

Please ensure the completion and return of the three recommendations (Math teacher, English teacher, and teach/coach/mentor).

4. **Interview**

Once the prior documents and fee have been received by University School, an interview will be scheduled for you and your child. The interview can be scheduled in conjunction with the administration of the Admissions Test (step 5).

5. **Admissions Test**

Please schedule an appointment for your child to take University School's admissions test. Testing can be scheduled in conjunction with the Interview (step 4).

6. **Admission Decision**

Once this process has been completed and a decision about the applicant's admission made, the parents/guardians will be notified by phone and in writing.

7. **Agreement to Enroll**

If your child should be invited to join University School, your prompt acceptance will be important. Upon agreeing to enroll your child, pertinent forms will be sent to you.

Non-Discrimination Policy

University School of the Lowcountry is committed to its growth as an institution that welcomes and values a diversified school community. The school does not discriminate on the basis of race, national or ethnic origin, religion, economic background, or any other classification protected by law in the administration of its educational policies, financial assistance policies, or any other school policy or program.

Name of Parent / Guardian _____ Signature of Parent / Guardian _____ Date _____

Name of Parent / Guardian _____ Signature of Parent / Guardian _____ Date _____

SUBMITTING THE APPLICATION

Please return this application for admission

By hand: University School of the Lowcountry
690 Coleman Blvd.
Mt. Pleasant, SC 29464

By mail: University School of the Lowcountry
P.O. Box 665
Mt. Pleasant, SC 29465-0665

STUDENT ESSAY

Please write responses to the following three questions
(Use additional paper if needed)

1. Write a paragraph describing your special interests such as music, art, sports, hobbies, etc.:

2. Write a paragraph about a book you recently read and explain why you liked or disliked it:

3. Why do you wish to attend University School of the Lowcountry? *If you spent a day shadowing at the school, please also talk about this experience.*