

Kirby Hall School **Application Form**

STUDENT INFORMATION:

| | | | | |
|-----------------------------|----------------|--|---------|-------------|
| First Name | Middle Initial | Last Name | Sex | Student SSN |
| Street Address | | City | State | Zip |
| Home Phone | Date of Birth | If Pre-mature: Gestational Birth Date | | |
| Application Date: _____ . | | Student will enter ____ Grade in _____ , _____ . | (Month) | (Year) |
| Religious Preference: _____ | | Ethnicity: _____ | | |

PARENT INFORMATION:

Parent Marital Status: _____
(Married/Divorced/Widowed)

| | | | | |
|----------------|------------|--------------------|-----------|--------|
| Mother: | First Name | Middle Initial | Last Name | SSN |
| Occupation | | Employer & Address | | |
| Home Phone | Work Phone | Mobile Phone/Pager | Fax | E-mail |

| | | | | |
|----------------|------------|--------------------|-----------|--------|
| Father: | First Name | Middle Initial | Last Name | SSN |
| Occupation | | Employer & Address | | |
| Home Phone | Work Phone | Mobile Phone/Pager | Fax | E-mail |

SIBLING INFORMATION:

| Name | Date of Birth | Grade | School |
|------|---------------|-------|--------|
| | | | |
| | | | |
| | | | |
| | | | |

ADDITIONAL INFORMATION:

| | | | | |
|-----------------------|--------------|-------|-------|-----|
| Emergency Contact | Relationship | Phone | | |
| Physician | Address | Phone | | |
| Maternal Grandparents | Address | City | State | Zip |
| Paternal Grandparents | Address | City | State | Zip |

REFERENCES:

| | | | |
|----------------------|---|--------------|------------|
| Last School Attended | Principal | | |
| Address | City | State | Zip |
| Teacher Names | Subject (<i>include Math/English</i>) | Home Address | Home Phone |

I grant permission for release of pertinent information regarding my child to Kirby Hall School.

| | |
|-------------------------|-------------|
| <i>Parent Signature</i> | <i>Date</i> |
|-------------------------|-------------|

Please be sure to submit the following:

1. Completed Application Form
2. \$50 Application Fee (non-refundable)
NOTE: Please include the name and grade of the student on the application check.
3. A Recent Photograph of your Child
4. Copies of your Child's Last Two Report Cards
5. Scores from Recent Achievement Tests

Parents should make an appointment to visit KHS for a personal interview preceding the year of application.

Kirby Hall School

306 West 29th Street * Austin, Texas * 78705
(512) 474-1770 * FAX (512) 474-1117 * www.khs.org

Kirby Hall School admits students of any race, color, nationality, and ethnic origin to all rights and privileges, programs, and activities generally accorded or made available to this school. We do not discriminate in the administration of educational policies, admission policies, scholarships, or other programs.