



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	Religious Preference		
Application Date: _____		Student will enter _____	Grade in _____,	_____
			(month)	(year)

PARENT INFORMATION:

Parent Marital Status: _____
(married/divorced/widowed)

Mother:	First Name	Middle Initial	Last Name	SSN
Occupation	Employer & Address			
Home Phone	Work Phone	Cell Phone	Fax	Email

Father:	First Name	Middle Initial	Last Name	SSN
Occupation	Employer & Address			
Home Phone	Work Phone	Mobile Phone/Pager	Fax	Email

SIBLING INFORMATION:

Name	Date of Birth	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ADDITIONAL INFORMATION:

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

REFERENCES:

Last School Attended	Principal		
Address	City	State	Zip
Teacher Names	Subject (include Math/English)	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>
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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.

Kirby Hall School
306 West 29th street * Austin, Texas * 78705
(512) 474-1770 * FAX (512) 474-1117 * www.kirbyhallschool.org