

APPLICATION FORM

STUDENT INFORI		Application Date:				
First Name	Middle	Initial Las	st Name		Sex	
Street Address		City		State	Zip	
Home Phone	Date of E	Birth I	f Pre-mature:	: Gestational Birth	n Date	
Student will enter	Grade in(M	onth) (Year)	Ethnicity	r		
PARENT INFORM	Marital	Marital Status:				
Parent 1: First Name Middle Initial		Initial	Last Name			
Occupation	Employ	er & Address				
Home Phone	Work Phone	Mobile Phone	Fax	E-mail		
Parent 2: First Name Middle Initial		Initial	Last Name			
Occupation	Employ	Employer & Address				
Home Phone	Work Phone	Mobile Phone	Fax	E-mail		
SIBLING INFORM	ATION					
Name	Da	te of Birth G	rade So	chool		

ADDITIONAL INFORI	MATION				
Grandparent(s)	Address	City		State	Zip
Grandparent(s)	Address	City	City		Zip
REFERENCES					
Last School Attended			Principal		
Address	City		State	Zip	
Teacher Names	Subject (include Math/English)		Home Address	Home Phone	
I grant permission fo	r release of pertinen	t information r	egarding my child	to Kirby	/ Hall School.
Parent Signature				Date	

Please be sure to submit the Application Form listed on the Admissions Checklist

Please 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.kirbyhallschool.org