



# APPLICATION FOR ADMISSION GRADES 6 – 12

Please attach a recent photo here

7100 Davis Boulevard  
Naples, FL 34104  
239.793.1986  
Facsimile: 239.793.1460  
www.seacrest.org

To be completed by the parent/guardian and submitted to the Admission Officer.  
A nonrefundable application fee of \$75.00 must be submitted with each application. Checks should be made payable to Seacrest School.

## APPLICANT INFORMATION

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Preferred name \_\_\_\_\_ Gender:  Female  Male Date of birth \_\_\_\_\_

City/State/Country of birth \_\_\_\_\_ Citizen of \_\_\_\_\_

First language \_\_\_\_\_ Languages spoken at home \_\_\_\_\_

Home Address \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_ E-mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Grade of proposed entry to Seacrest \_\_\_\_\_ Year of proposed entry \_\_\_\_\_ Present grade \_\_\_\_\_

Applicant's Present School \_\_\_\_\_ Dates Attended \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Principal/Head \_\_\_\_\_

The following three recommendations are required. Please list names of those from whom you will request references:

Personal Recommendation \_\_\_\_\_

Language Arts Teacher's Recommendation \_\_\_\_\_

Mathematics Teacher's Recommendation \_\_\_\_\_

List other schools attended during the last three years:

School	Address	Phone	Dates Attended
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Seacrest Country Day School admits students of any race, color, religion, disability, national or ethnic origin 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, color, religion, disability, age, sex, national or ethnic origin in administration of its educational policies, admissions and employment policies, scholarship and loan programs, and athletic and other school administered programs.*

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**FAMILY INFORMATION****Parent 1****Parent 2**

Relationship to applicant \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Name (*Mr./Mrs./Ms/Dr./etc*) \_\_\_\_\_Name (*Mr./Mrs./Ms/Dr./etc*) \_\_\_\_\_Address (*if different from applicant*) \_\_\_\_\_Address (*if different from applicant*) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Occupation/Title \_\_\_\_\_

Occupation/Title \_\_\_\_\_

Company Name \_\_\_\_\_

Company Name \_\_\_\_\_

Business Address \_\_\_\_\_

Business Address \_\_\_\_\_

Business Telephone \_\_\_\_\_

Business Telephone \_\_\_\_\_

Preferred e-mail \_\_\_\_\_

Preferred e-mail \_\_\_\_\_

**Parents are**  married  divorced  separated  other **Applicant lives with**  parent 1  parent 2  bothIf parents are not living together, to whom should correspondence be sent?  parent 1  parent 2  both

We ask parents to share insights and expectations by responding to the following questions. Attach additional sheets, if necessary.

1. What do you see as your child's academic and personal strengths? \_\_\_\_\_

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2. What do you see as your child's academic and personal weaknesses? \_\_\_\_\_

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3. Why do you think Seacrest Country Day School might be a good match for your child? \_\_\_\_\_

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4. How would you summarize your expectations of Seacrest Country Day School for your child? \_\_\_\_\_

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**NOTE: NO CHILD IS ACCEPTED WITHOUT A PERSONAL INTERVIEW AND SCREENING. Admission is based on the completed application, individual testing, applicant's visit to the school, review of recommendations and scholastic records.**

Parent Signature: \_\_\_\_\_



