



Please attach applicant's photograph here

(optional)

Application for Admission

Applicant's Information

First Name MI Last Name

Date of Birth Yrs. _____ Mos. _____
Age as of Sept 1, 2010

Male Female

Preferred Nickname

Present School (if any) Grade

Applying for grade School Year

If PreK – Full day _____ Half day _____

Parent/Guardian Information

Parent/Guardian Dr. Mr. Mrs. Ms.

Address

City State Zip

Occupation or Position

Place of Employment

Home Phone Work Phone

Cell Phone Email Address

Parent/Guardian Dr. Mr. Mrs. Ms.

Address (if different from other parent)

City State Zip

Occupation or Position

Place of Employment

Home Phone Work Phone

Cell Phone Email Address

If addresses differ, with whom does applicant live? _____ To whom should we send admissions correspondence? _____

Have any relatives attended Eagle Cove School? Yes No

Name Relationship Years & grades attended Graduated?

Name Relationship Years & grades attended Graduated?

Siblings: Name Date of Birth School Grade

Please indicate any special circumstances that may affect the educational progress of the applicant.

Please describe your child as objectively as possible. Please be sure to include abilities, strengths, challenges, and attitudes.

Why do you want your child to attend Eagle Cove School? What are your goals for your child and what are your concerns that we might help to address?

Do you wish to receive information about need-based financial aid? Yes No

Person responsible for bills:

Name	Relationship to applicant	Phone
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Billing address (if different from above)	City	State	Zip
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How did you first hear about ECS?

ECS parent ECS alumnus/a Friend Advertisement Sign Other _____

Signature of parent/guardian

Date

Eagle Cove School welcomes applicants of all races, religions, ethnic and socioeconomic backgrounds.

Please submit this application with the non-refundable \$60 application fee to:

Eagle Cove School
5191 Mountain Road
Pasadena, MD 21122
410-255-5370

