



WHERE EXCELLENCE

www.princetonday.com

KNOWS NO BOUNDS

Mailing Address - 12138 Central Ave. #468  
Bowie, MD 20721  
P: 301.210.1105 Fax: 240.554.1462

**Welcome! We are happy you are considering your son or daughter for enrollment to Princeton Day Academy. God has truly blessed us with the opportunity to educate our young people and our mission at PDA is "Aiming Higher with a Christian Perspective." Please see the information included in this enrollment packet and follow the instructions as this is the start of your journey. If you have any questions or need further assistance, please don't hesitate to contact us at 301-210-1105 or via e-mail at [info@princetonday.com](mailto:info@princetonday.com) or visit us online at [www.princetonday.com](http://www.princetonday.com).**

**Directions for applying for enrollment at PDA:**

**To apply for enrollment in Princeton Day Academy, please complete the forms listed below and return them to the school office with the appropriate support documents (also listed below) and the application fee.**

- *Info to fill out and/or sign and return*
  - *Application*
  - *Parent's Pledge of Acceptance*
  - *Records Request Form*
- *Information that needs to be submitted*
  - *Copy of Student's Most Recent Grade Card*
  - *Copies of Standardized and/or Proficiency Test Scores*
  - *Copy of Student's Birth Certificate*
  - *Immunization Records*
  - *Custody Papers, if applicable*

**Please note that:**

- *All students enrolling are required to take a placement test. This test will be scheduled after the application and enrollment fee are returned to the school office. This fee is non-refundable and covers the testing.*
- *You will be notified by letter regarding the final decision of the admissions committee regarding acceptance.*
- *All student medical records must be up to date before the first day of school.*
- *Princeton Day Academy does not discriminate based on gender, race, color and national or ethnic origin.*



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### APPLICATION FOR ADMISSION

**STUDENT INFORMATION**      *School Year Applied For & Application Date:* \_\_\_\_\_

*Student's Last Name:* \_\_\_\_\_ *First:* \_\_\_\_\_ *Middle:* \_\_\_\_\_

*Address:* \_\_\_\_\_ *City:* \_\_\_\_\_

*State:* \_\_\_\_\_ *Zip:* \_\_\_\_\_ *Grade Entering:* \_\_\_\_\_ *Home Phone#:* \_\_\_\_\_

*Social Security #* \_\_\_\_\_ *Date of Birth:* \_\_\_\_\_ *Sex:*    M    F

### **FAMILY INFORMATION**

*Father's Name:* \_\_\_\_\_ *Phone #:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Employer / Occupation:* \_\_\_\_\_ *E-Mail Address:* \_\_\_\_\_

*Mother's Name:* \_\_\_\_\_ *Phone #:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Employer / Occupation:* \_\_\_\_\_ *E-Mail Address:* \_\_\_\_\_

Name and Contact Information of Person Responsible for Payment (if not listed above):

\_\_\_\_\_

Signature (Person Responsible for Payment): \_\_\_\_\_



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## APPLICATION

### **MEDICAL, SOCIAL, AND ACADEMIC INFORMATION**

*Does the student have any physical, emotional or learning problems? Yes No Please describe:*

*Is this student currently taking any medication? Yes No Describe \_\_\_\_\_*

*The public school district in which you live (ie: Prince George's Co. etc.) \_\_\_\_\_*

*Previous school attended: \_\_\_\_\_ Phone: \_\_\_\_\_*

*Why is the student leaving his/her present school?*

*Has this student ever repeated a grade? Yes No If yes, which grade(s) \_\_\_\_\_*

*Has it ever been recommended that this student be retained? Yes No*

*Does this student currently have or ever had an I.E.P. (individual education plan in special education)?*

*Yes No # Year(s): \_\_\_\_\_*

*Has this student been expelled, dismissed, suspended or refused admission to another school? Yes No*

*If yes, please explain:*

*May we use your child's photograph on our school web site and in any promotional materials? Yes No*

*How did you hear about Princeton Day Academy?*



### PLEDGE OF ACCEPTANCE

*Please read carefully before signing.*

*I have carefully examined the philosophy and purpose of Princeton Day Academy and desire the school to work with me in the education of my child.*

*I agree to uphold and support the high academic standards of Princeton Day Academy by providing a place at home for my child to study and give encouragement in the completion of homework and assignments.*

*I give permission for my child to take part in school activities, including sports, and school sponsored trips away from Princeton Day Academy premises and absolve the school from liability to me or my child because of any injury to my child at school or during any school activity.*

*I hereby agree to the Control of Pupil Conduct as set forth by Princeton Day Academy and will support it. I authorize this school to employ such discipline as it deems wise and expedient for my child.*

*I hereby agree to my financial obligations to Princeton Day Academy and will abide by the Policy and Procedure for Payment of School Fees.*

*I hereby agree to accept all regulations and policies of the school. I understand Princeton Day Academy reserves the right to dismiss any child who fails to comply with the established regulations and discipline or whose financial obligation remains unpaid after the due date.*

*As a parent, I will lend my support to Princeton Day Academy through prayer, Parent-Teacher Fellowship involvement and will work with my child's teachers to further his/her educational experience.*

*I have read the terms stated on this application and agree thereto:*

Signature of Father \_\_\_\_\_

Date \_\_\_\_\_

Signature of Mother \_\_\_\_\_

Date \_\_\_\_\_

Signature of Guardian \_\_\_\_\_

Date \_\_\_\_\_

Signature of Student \_\_\_\_\_

Date \_\_\_\_\_



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### RECORDS REQUEST

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Attended: \_\_\_\_\_

School Address: \_\_\_\_\_

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

Grade: \_\_\_\_\_

I am requesting that the following school records for my child be released:

- |  |  |
|--|--|
| <input type="checkbox"/> Official Permanent Record Card          | <input type="checkbox"/> Grades Including Report Card        |
| <input type="checkbox"/> Grade to Present Date                   | <input type="checkbox"/> Standardized Test Data              |
| <input type="checkbox"/> Immunization Records/Health Records     | <input type="checkbox"/> IEP (Most Current)                  |
| <input type="checkbox"/> Speech, Language and Hearing Evaluation | <input type="checkbox"/> Any Other Useful and Pertinent Data |

and transferred to:

**Princeton Day Academy**  
**Attn: School Records**  
**12138 Central Avenue #468**  
**Bowie, MD 20721**  
**P: 301-210-1105 Fax: 240-554-1462**

Parent/Guardian Name (please print): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

1st Request     2nd Request

*Records transferred by authorization of this release will not be released to another person, out-of-district school, or agency other than the one listed above without written notification to the parent or guardian.*