

**Wakefield Country Day School, Inc.**  
**Application for Admission**  
**Lower/Middle School**  
**(Pre-School through Grade 7)**

An application fee of \$50.00 and a copy of the student's latest report card must accompany this application. This fee is non-refundable. Please make checks payable to Wakefield Country Day School.

Full Name of Applicant: \_\_\_\_\_  
PLEASE PRINT

Applicant's Social Security Number: \_\_\_\_\_

Age: \_\_\_\_\_ Male/Female: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Name and Addresses of Parents/Guardians:**

Father: \_\_\_\_\_  
\_\_\_\_\_ County of Residence: \_\_\_\_\_

Mother: \_\_\_\_\_  
\_\_\_\_\_ County of Residence: \_\_\_\_\_

Step-Mother: \_\_\_\_\_ Step-Father: \_\_\_\_\_

Student Lives with: \_\_\_\_\_ Both Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Guardian  
\_\_\_\_\_ Other

Home Telephone Number: ( ) \_\_\_\_\_ Email address: \_\_\_\_\_

Father Cell#: \_\_\_\_\_ Mother Cell #: \_\_\_\_\_

**Parent/Guardian Employment Information**

Father's Occupation: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

Father's Employer & Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother's Employer & Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

**Previous School Information**

Name of School Most Recently Attended:

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Address and Phone Number of School Most Recently Attended:

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Last Grade Finished: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Grade Applying For: \_\_\_\_\_

Favorite Subject(s) Studied: \_\_\_\_\_

Please list sports and after-school activities that the student is involved in:

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**Medical History:**

Known Allergies: \_\_\_\_\_

Does the student have food allergies? If your answer is yes, please list below:

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Please describe any diagnosis of disability: \_\_\_\_\_

**To enable the school to evaluate the student and his /her needs properly, please answer the questions below and attach associated paperwork.**

Has the student had educational testing? \_\_\_\_\_ Date of testing: \_\_\_\_\_

Results of testing: \_\_\_\_\_

Has the student had psychological testing? \_\_\_\_\_ Date of testing: \_\_\_\_\_

Results: \_\_\_\_\_

Does the student have an individual educational plan (IEP)? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please attach.

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Wakefield Country Day School is accredited by the Virginia Independent School Association whose accreditation process has been approved by the Virginia Council for Private Education Committee on Accreditation as authorized by the Virginia State Board of Education. WCDS admits students without regard to race, religion, sex, color, creed, handicapped status, ethnic background, or national origin.

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**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Date of Interview: \_\_\_\_\_

Date Tested: \_\_\_\_\_

Decision: \_\_\_\_\_

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