



APPLICATION PROCEDURES

INSTRUCTIONS

Please complete the enclosed application according to the checklist on the following page.

You will be notified periodically regarding the progress of your application file. The Admissions Office will forward your complete file to the Admission Review Committee once all materials have been received. You will receive written notification of the committee's decision.

Admissions materials must be mailed to the following address:

**Keith Country Day School
Admission Office
1 Jacoby Place
Rockford, IL 61107**

Thank you for your interest in Keith Country Day School.
We look forward to receiving your application materials.

Please contact us at 815-399-8823 or e-mail admissions@keithschool.net with any questions.





APPLICATION FOR ADMISSION

APPLICANT

Applicant's Name _____
first middle last

Preferred First Name _____

Entering grade _____ in 20__ Birthdate ____/____/____
Month Day Year

Gender Male Female
U.S. Citizen? Yes No
Country of origin

Present School (if any) _____

Present School Address _____

Present Grade _____

Dates enrolled

Public School District _____
(e.g. Rockford, Belvidere)

Race/Ethnicity (optional – please check all that apply)

- African American Asian American European American Hispanic American Native American
 Middle Eastern American Multiracial American Pacific Islander American Other

PARENTS

PARENT/GUARDIAN NAME

PARENT/GUARDIAN NAME

Mr. Ms. Mrs. Dr. Rev.

Mr. Ms. Mrs. Dr. Rev.

Name _____
first middle last

Name _____
first middle last

Home Address _____

Home Address _____

city state zip

city state zip

Phone _____
home cell

Phone _____
home cell

E-mail _____

E-mail _____

Occupation _____

Occupation _____

Company _____

Company _____

Business Address _____

Business Address _____

Business phone _____
phone e-mail

Business phone _____
phone e-mail

PARENTS CONT.

Please note if parents are separated, divorced, or if either is deceased. _____

Who has legal custody of the applicant? _____ With whom does the applicant live? _____

Who is responsible for financial obligations? _____

Do you plan to apply for merit-based tuition assistance (available in grades 5-12 only)? Yes No

Do you plan to apply for need-based tuition assistance (available in grades K-12 only)? Yes No

If yes to need-based, complete the Parents' Financial Statement at www.factsmgt.com.

FAMILY

Applicant's Siblings

<i>name</i>	<i>date of birth</i>	<i>school</i>	<i>grade</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant's relatives now or formerly connected with Keith Country Day School (alumni/ae, trustee, students, etc.)

<i>name</i>	<i>relation</i>	<i>dates of attendance (if applicable)</i>
_____	_____	_____
_____	_____	_____

Applicant's Grandparents

Maternal _____

Address _____

_____	_____	_____	_____	_____
street	city	state	zip	

Paternal _____

Address _____

_____	_____	_____	_____	_____
street	city	state	zip	

GENERAL

Has this applicant applied to or attended Keith Country Day School before? _____

Other schools to which applicant is applying: _____

Please describe briefly any particular circumstances regarding the applicant's performance in school (e.g. health, learning style, frequent change of schools, skipped or repeated grades). Please include dates. _____

GENERAL CONT.

Has the applicant been found responsible for a disciplinary violation at any educational institution that resulted in probation, suspension, removal, dismissal, or expulsion? _____

Has the applicant been referred for or undergone an educational or psychological evaluation in the last five years? _____

Does the applicant have an accommodation plan or IEP? Yes No

Describe any physical, emotional, or mental condition of which the school should be aware.

The information contained in this application is true and accurate to the best of my knowledge. If the answer to any question is later rendered incorrect by subsequent events, I agree to immediately notify the Admissions Office in writing. I understand that any falsification/omission on the application will disqualify my child from further admission consideration or withdrawal of any offer of admission and possible tuition assistance.

Parent or Guardian signature _____ Date _____

**Please return this form with the non-refundable application fee.
Make checks payable to Keith Country Day School
1 Jacoby Place, Rockford, Illinois 61107**