

CAPITAL DAY SCHOOL

APPLICATION FOR

ADMISSION 2026-2027



Capital Day School

120 Deepwood Dr. Frankfort, KY 40601

502.227.7121

A \$75 non-refundable application fee is required

Student Information

First Name _____ Middle _____ Last _____

Preferred Name/Nickname _____

Date of Birth _____ Male _____ Female _____

Race _____ Ethnicity _____

Home Mailing Address _____

Home Phone Number _____

Grade Requested _____ Montessori? Yes _____ No _____

Family Information Guardian

#1 Full Name _____ Relationship _____

E-Mail Address _____

Cell Phone _____ Work Number _____

Guardian #2 Full Name _____ Relationship _____

E-Mail Address _____

Cell Phone _____ Work Number _____

Student lives with (name all that apply):

Parents: _____ Stepparents: _____

Guardians (relationship): _____

Siblings (names/ages): _____

Additional Information: _____

School Information

(If applying for 1st-8th grades)

Last School of Attendance _____ Grade _____

School Address _____

Phone Number _____ Principal/Head _____

Teacher References (Please provide 2) _____