



Capital Day School Application for Admission 2024-2025

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): _____ Sibli

ngs (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) _____