

United Day School  
1701 San Isidro Parkway  
Laredo TX 78045  
956 723-7261



\_\_\_\$50.00 Application Fee  
Payable at time of processing  
Cash/CK #/\_\_\_\_\_  
Received by:\_\_\_\_\_  
Date turned in\_\_\_\_\_

Preliminary Application for Admission  
For grade \_\_\_\_\_ 20\_\_ 20\_\_ school year

Age as of Sept 1st \_\_\_\_\_ for entry year listed above

PLEASE PRINT NEATLY

**APPLICANT'S INFORMATION**

Full name of applicant \_\_\_\_\_  
Last name First name middle (nickname)

Home address \_\_\_\_\_ Telephone \_\_\_\_\_

Cell \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ Ethnicity \_\_\_\_\_  
City State Zip Code

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
mm/dd/yy

Principal language, if other than English \_\_\_\_\_

**\*Original Birth Certificate and Social Security Card is needed to process application.\***

**PREVIOUS SCHOOL INFORMATION**

Present school \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name of Principal \_\_\_\_\_

Former schools \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

**FAMILY INFORMATION**

**FATHER**

**MOTHER**

NAME \_\_\_\_\_ NAME \_\_\_\_\_

Home address \_\_\_\_\_ Home address \_\_\_\_\_  
(if different from applicant's) (if different from applicant's)

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

Occupation/Position \_\_\_\_\_ Occupation/Position \_\_\_\_\_

Company Name \_\_\_\_\_ Company Name \_\_\_\_\_

Company Address \_\_\_\_\_ Company Address \_\_\_\_\_

Business telephone \_\_\_\_\_ Business telephone \_\_\_\_\_

CHECK IF APPROPRIATE:

\_\_\_\_\_ Mother Deceased \_\_\_\_\_ Father Deceased \_\_\_\_\_ Parents Divorced\*

\_\_\_\_\_ Mother Remarried \_\_\_\_\_ Father Remarried \_\_\_\_\_ Parents Separated\*

\* If parents are divorced or separated to whom & where should admission correspondence be sent?

\_\_\_\_\_

Please explain any special family circumstances (example: another party shall receive correspondence regarding payment information or a different billing address shall be used): \_\_\_\_\_

\_\_\_\_\_

Please list the names of brothers and/or sisters below:

Name \_\_\_\_\_ Age \_\_\_\_\_ School Attending \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School Attending \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School Attending \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School Attending \_\_\_\_\_

**Paternal Grandparents**

**Maternal Grandparents**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City, St, Zip \_\_\_\_\_

City, St, Zip \_\_\_\_\_

**ALUMNI INFORMATION**

**Relatives who attend or have attended UDS including yourselves:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Yrs Attended \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Yrs Attended \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Yrs Attended \_\_\_\_\_

How did you first hear about UDS? \_\_\_\_\_

\_\_\_\_\_

**FINANCIAL AID**

\_\_\_\_\_ If you would like to be considered for financial aid.\*

\* If you have checked yes, pick up the necessary forms. Pre-Primary, PK, and K do not qualify for financial aid.

\_\_\_\_\_

I authorize my child's present and/or previous school to release any academic or descriptive information, which may be required to support his/her application to UDS.

**Parent or Guardian's Signature**

**Date**

UDS admits students of any race to all the rights, privileges, programs, and activities generally accorded to students at this school. The school does not discriminate on the basis of race, religion, or national origins.