

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

NAME _____

Home address _____
(if different from applicant's)

Telephone _____

Occupation/Position _____

Company Name _____

Company Address _____

Business telephone _____

MOTHER

NAME _____

Home address _____
(if different from applicant's)

Telephone _____

Occupation/Position _____

Company Name _____

Company Address _____

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

Name _____

Address _____

City, St, Zip _____

Maternal Grandparents

Name _____

Address _____

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.

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.