



TESLA
COUNTRY DAY SCHOOL

TESLACountryDay.com
Contact@TESLACountryDay.com
Phone: (949) 572-4453 | Fax: (888) 589-0913

New Student Request

Child's Name (Last, First, Middle Initial)		<input type="checkbox"/> Bathroom Training Requested
Current Age	Date of Birth	<input type="checkbox"/> Female <input type="checkbox"/> Male
Home Address		Home Phone
Child lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Guardian (Specify)		
Desired Date of Enrollment	Preferred Location	Primary Language Spoken at Home

PRIMARY CONTACT:

Parent/Guardian 1		Relationship to Child
Home Address		Home Phone
Email Address	Mobile Phone	Work Phone
Parent/Guardian 2		Relationship to Child
Home Address		Home Phone
Email Address	Mobile Phone	Work Phone

Child is fully immunized: Yes No If YES, please provide a copy of the child's immunization record.
If NO, please provide a copy of the child's medical exemption.

Why are you considering the TESLA Country Day? How did you hear about TESLA Country Day?

We appreciate your interest in TESLA Country Day for your family. We expect our programs to be full and therefore maintain a wait list for the convenience of our families. Your child will be placed on the wait list on the date we receive this request. Joining the wait list does not guarantee placement and submitting this request does not commit you to enroll if offered placement.

Parent/Guardian Signature: _____

Date: _____