



Application for Admission

Mead Hall Episcopal School

St. Thaddeus Campus
(Grades 3K-4th)
129 Pendelton Street, SW
Aiken, SC 29801
(803) 644-1122

Aiken Prep Campus
(Grades 5-12)
619 Barnwell Street, NW
Aiken, SC 29801
(803) 648-3223

For Office Use Only
Date Received _____
Application Fee _____
Evaluation Date _____
Acceptance Date _____

A \$40 non-refundable application fee is due at the time the application is submitted. Date _____

Applicant's Name _____
(First) (Middle) (Last)

Preferred Name _____ Male _____ Female _____ DOB _____/_____/_____

Applying for School Year 20 _____ - 20 _____

Applying for Grade (circle one) 3K 4K 5K 1 2 3 4 5 6 7 8 9 10 11 12

Current or Last Attended School _____ Phone Number _____

Address _____
(Street) (City) (State) (Zip)

Does applicant require special consideration for any physical, emotional, or academic reason? Yes _____ No _____

If yes, please explain. _____

Has applicant ever been suspended or expelled from school? Yes _____ No _____

If yes, please explain. _____

Names of family members currently attending Mead Hall.

(Name) (Grade) (Relationship to Applicant)

Names of family members who previously attended Mead Hall, Aiken Prep, or Aiken Day.

(Name) (Grade/Year) (Relationship to Applicant)

Mead Hall encourages students to pursue academic excellence, spiritual growth, and moral integrity.

Father's Information

Mother's Information

Name _____

Name _____

SSN _____ - _____ - _____

SSN _____ - _____ - _____

DOB ____/____/____

DOB ____/____/____

Address _____

Address _____

Home Phone _____

Home Phone _____

Mobile Phone _____

Mobile Phone _____

Preferred E-Mail _____

Preferred E-Mail _____

Occupation/Employer _____

Occupation/Employer _____

Parents are:

Single ____ Married ____ Separated ____ Divorced ____ Father deceased ____ Mother deceased ____

With whom does applicant live? Mother ____ Father ____ Other Guardian _____

How will tuition be paid? One payment ____ Two payments ____ 11 Monthly FACTS payments ____

Person responsible for tuition and fees: Mother ____ Father ____ Both ____ Other _____
(If other, complete section below.)

Name _____ Relationship to Applicant _____

Address _____ Phone _____

E-mail _____ SSN _____ - _____ - _____ DOB ____/____/____

Occupation/Employer _____ Business Phone _____

Signature _____
(Parent/Guardian) (Date)

Signature _____
(Parent/Guardian) (Date)

Signature _____
(Financially responsible party if other than parent/guardian) (Date)

In its admission and financial aid policies Mead Hall Episcopal School acts without regard to race, color, gender, religion, ethnic origin, or physical disability.

