



# Application for Admission

## Mead Hall Episcopal School

**St. Thaddeus Campus**  
(Grades 3K-4)  
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

<b>For Office Use Only</b>	
Date Received	_____
Application Fee	_____
Evaluation Date	_____
Acceptance Date	_____
Registration Fee	_____

A \$60 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)

How did you hear about Mead Hall? Friend \_\_\_\_ Family \_\_\_\_ Advertisement \_\_\_\_ Other \_\_\_\_

Are you a pledging parishioner of St. Thaddeus Episcopal Church? Yes \_\_\_\_ No \_\_\_\_

(over)

*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 \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

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, sex, religion, ethnic origin, or physical handicap.*

