

## Relatives

Please list any relatives who have graduated or are now attending Overbrook School, St. Cecilia Academy, or Aquinas College:

Name	School	Class of	Relationship

## Siblings

Name	Date of Birth	Present School

## Optional

If you speak a language other than English at home, please list it. \_\_\_\_\_

## Signature of parent or guardian

I understand and acknowledge that Overbrook School may deny admission at any time if it determines that enrollment of the child in Overbrook School would not be appropriate. I understand and acknowledge that Overbrook School may terminate enrollment at any time if it determines that continued enrollment would be inconsistent with the mission of Overbrook School.

\_\_\_\_\_  
**Signature of parent/guardian** Date of application (month/day/year)

Before submitting your child's application, please see the Checklist at the top of page one.

**Overbrook School does not discriminate in its admissions practices on the basis of race, gender, national origin or disability.**

**For office use only** Application Fee Paid \_\_\_\_\_ Ck.# \_\_\_\_\_ Date \_\_\_\_\_ Received \_\_\_\_\_

### PLEASE SUBMIT APPLICATIONS TO:

Director of Admissions  
 Overbrook School  
 4210 Harding Road • Nashville, Tennessee 37205  
 Phone (615) 292-5134 • Fax (615) 783-0560  
 www.overbrook.edu • E-mail: admissions-os@overbrook.edu



## Applying for grade

PK  K  1  2  3  4  5  6  7  8

## Enrollment year

(Fall) \_\_\_\_\_

## Check list

- A non-refundable APPLICATION FEE of \$60 is enclosed, payable to Overbrook School.
- Return a copy of your child's Birth Certificate with the application.
- Return a copy of your child's Baptismal Certificate with the application (this certificate is required of all Catholic applicants).

## Applicant

Please feel free to attach a photograph here:

### STUDENT NAME

\_\_\_\_\_  
 Last First Middle Preferred

Male  Female Catholic  Yes  No

\_\_\_\_\_  
 Birthdate (month/day/year) E-mail address

\_\_\_\_\_  
 Home Phone Number

\_\_\_\_\_  
 Home Address

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 Date of Baptism Church of Baptism

\_\_\_\_\_  
 Street City State Zip

\_\_\_\_\_  
 Date of First Communion (if Catholic)

\_\_\_\_\_  
 Church

\_\_\_\_\_  
 Street City State Zip

\_\_\_\_\_  
 Parish now attending (if Catholic)

\_\_\_\_\_  
 Church affiliation if non-Catholic

Has this student ever applied to Overbrook before this year?  Yes  No

If yes, for what year did you apply? \_\_\_\_\_

And was this student accepted?  Yes  No

## Student interests and activities

List cocurricular interests (i.e. sports, music, computer)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



For office use only  
**APPLICANT** \_\_\_\_\_  
 LAST FIRST (PREFERRED)  
**GRADE APPLYING FOR** \_\_\_\_\_ **ENROLLMENT YEAR** \_\_\_\_\_  
 (FALL)

**School**

**Applicant's Present School**

School Address

City State Zip

Head of School/Principal

( ) ( )

Telephone Number Fax

Dates of Attendance

**Former schools**

(list in order, beginning with most recent):

School (former) Head of School/Principal

School Address

City State Zip

( )

Dates of Attendance Phone

School (former) Head of School/Principal

School Address

City State Zip

( )

Dates of Attendance Phone

**Applicant information**

If applicable, please complete:

Has this applicant been dismissed, suspended or asked to withdraw from any school? If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has this applicant been administered any diagnostic evaluations (educational or psychological)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In relation to significant medical history, are you aware of any accommodations that your child may need to facilitate a smooth transition if accepted to Overbrook School?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Recommendations**

Through what source did you first become interested in Overbrook? Please list any students you are acquainted with that are presently enrolled at one of our campus schools.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parents**

**MOTHER**  Ms.  Mrs.  Dr.

Last First Middle Maiden Preferred

Occupation Name of Business ( )

Business Address Business Phone

City State Zip

Catholic:  yes  no Overbrook Alumni:  yes  no graduated \_\_\_\_\_

St. Cecilia Alumna:  yes  no graduated \_\_\_\_\_ Aquinas Alumni:  yes  no graduated \_\_\_\_\_

Did you receive a Catholic education?  yes  no If yes, where? \_\_\_\_\_

**FATHER**  Mr.  Dr.

Last First Middle Preferred

Occupation Name of Business ( )

Business Address Business Phone

City State Zip

Catholic:  yes  no Overbrook Alumni:  yes  no graduated \_\_\_\_\_

Aquinas Alumni:  yes  no graduated \_\_\_\_\_

Did you receive a Catholic education?  yes  no If yes, where? \_\_\_\_\_

Is applicant living with both parents?  yes  no

If not, with whom? \_\_\_\_\_ Who has legal custody? \_\_\_\_\_

**Names of Stepparents**

(if applicable)

**FATHER'S SPOUSE**  Ms.  Mrs.  Dr.

Last First Middle Maiden Preferred

Occupation Name of Business ( )

Business Address Business Phone

City State Zip

Catholic:  yes  no Overbrook Alumni:  yes  no graduated \_\_\_\_\_

St. Cecilia Alumna:  yes  no graduated \_\_\_\_\_ Aquinas Alumni:  yes  no graduated \_\_\_\_\_

Did you receive a Catholic education?  yes  no If yes, where? \_\_\_\_\_

**MOTHER'S SPOUSE**  Mr.  Dr.

Last First Middle Preferred

Occupation Name of Business ( )

Business Address Business Phone

City State Zip

Catholic:  yes  no Overbrook Alumni:  yes  no graduated \_\_\_\_\_

Aquinas Alumni:  yes  no graduated \_\_\_\_\_

Did you receive a Catholic education?  yes  no If yes, where? \_\_\_\_\_