

APPLICATION FOR ADMISSIONS



OF THE DOMINICAN CAMPUS

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

Siblings	Sister's / Brother's Name	Date of Birth	Present School

Other 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

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.

_____ 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 **APPLICANT'S NAME**

Please feel free to attach a photograph here: _____

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 (if Catholic) _____ Church of Baptism _____

Street _____ City _____ State _____ Zip _____

Date of First Communion (if Catholic) _____ Church of First Communion _____

Street _____ City _____ State _____ Zip _____

Date of Confirmation (if Catholic) _____ Church of Confirmation _____

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)

Current School

Applicant's Present School

School Address

City State Zip

Head of School/Principal

() ()

Telephone Number Fax

Dates of Attendance

Former school /s

(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

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St. Cecilia Alumna: yes no graduated _____ Aquinas Alumni: yes no graduated _____

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MOTHER'S SPOUSE Mr. Dr.

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