



Early Childhood Information/Observation Release

APPLICANT INFORMATION

Parents, please complete and return to Presbyterian Day School.

Name _____
First Middle Last Preferred Name

Date of Birth _____

Applying for: Young Knights (PK2) Pre-Kindergarten Junior Kindergarten Senior Kindergarten

PRESENT SCHOOL/PROGRAM INFORMATION

Present School/Program _____ Principal/Director _____

Present School/Program Address _____
Street City State Zip

Present School/Program Phone _____ Fax _____

Present School/Program Email _____

I hereby certify that I am the parent/guardian of the above named student and give my permission for his school information to be released. I understand that teacher recommendations are confidential and will not become part of the student's permanent academic record nor will it be shared with parents, guardians or students. I also grant permission for Presbyterian Day School staff to observe my son in his current classroom if deemed necessary.

Signature of Parents or Guardian _____ Date _____

PLEASE RETURN TO:

Admission Office
Presbyterian Day School
4025 Poplar Avenue
Memphis, TN 38111 • (901) 842-4695
Fax: (901) 842-4620 • rbishop@pdsmemphis.org