



Upland Country Day School • 420 West Street Road • Kennett Square, PA 19348

REQUIRED FAMILY ENROLLMENT DATA

Please complete this form for any student(s) you are enrolling or re-enrolling at Upland for the 2009-2010 school year

Student *(Legal names please. A space is allotted for nicknames.)*

Last Name	First Name	Middle Name	Nickname	'09 -'10 Grade	DOB	Gender
1: _____						
2: _____						
3: _____						
4: _____						

Primary Home Address of Student(s)

Street _____ City _____ State _____ Zip _____

School District where you reside _____ Home Phone (s) _____

Mother/Parent 1/Guardian

Last Name _____ First Name _____ M.I. _____ Preferred Name or Nickname _____

Address (if different from above) _____

Cell Phone - Mother _____ Preferred Email - Mother _____

Employer's Name _____ Position at Company _____

Employer's Address _____

Work Phone _____ Work Fax _____

Father/Parent 2/Guardian

Last Name _____ First Name _____ M.I. _____ Preferred Name or Nickname _____

Address (if different from above) _____

Cell Phone - Father _____ Preferred Email - Father _____

Employer's Name _____ Position at Company _____

Employer's Address _____

Work Phone _____ Work Fax _____

Parents: Marital Status

Married Divorced Separated Widowed Single

With Whom Child Is Living *(Check more than one box if applicable)*

Both Parents Mother/Parent1 Father/Parent2 Stepparent(s) Guardian(s) Significant Other

THIS PORTION OF THE FORM WILL BE DETACHED AND SENT TO THE DEVELOPMENT OFFICE TO USE FOR SPECIAL EVENTS, MAILINGS AND OTHER DEVELOPMENT OFFICE AND PARENTS' ASSOCIATION ACTIVITIES

Student(s) Name(s) & Grade(s) _____

Names of relatives who have attended Upland Country Day School (with class year if known):

Please list the names and addresses of relatives who would be interested in attending special school functions and/or receiving mailings.

Grandparents or Other Relatives

Maternal Grandparents

Name _____

Street Address _____

City, State and Zip Code _____

Home Phone(s) _____

Email _____

Paternal Grandparents

Name _____

Street Address _____

City, State and Zip Code _____

Home Phone(s) _____

Email _____

Other Relatives

Name _____

Relationship to student(s) _____

Street Address _____

City, State and Zip Code _____

Home Phone(s) _____

Other Relatives

Name _____

Relationship to student(s) _____

Street Address _____

City, State and Zip Code _____

Home Phone(s) _____

Parental School Volunteer / Special Interests

Mother/Parent 1/Guardian

Father/Parent 2/Guardian

Athletics

[]

[]

Alumni Relations

[]

[]

Development

[]

[]

Parents' Association

[]

[]

Performing Arts

[]

[]

Public Relations/Communications

[]

[]

Visual Arts

[]

[]

Academic /Other

[] Subject(s) _____

[] Subject(s) _____

Do you have a special area of knowledge, interest or experiences that you would be willing to share with Upland students?

If so, please explain _____

Charitable/Volunteer Experience

Mother/Parent 1/Guardian

College Hospital Religious Organization School Youth Other

Organization Dates of Service Role(s) Board Member? (Y/N)

Father/Parent 2/Guardian

College Hospital Religious Organization School Youth Other

Organization Dates of Service Role(s) Board Member? (Y/N)

Race/Ethnicity (Please check all that apply.)	Child 1	Child 2	Child 3	Child 4
Caucasian/European (Non-Hispanic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian/Asian-American/Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Native American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
African-American/African/Black	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic/Latino(a)/Latin American (Non-Caucasian)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Eastern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multiracial/Biracial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raised in the United States	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raised outside the United States	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The contact information included on this form will be published in the School Directory and is intended for the sole use of current parents and faculty members of Upland Country Day School for purposes related to the School and its programs. Upland Country Day School considers the remainder of the information on this form confidential and will not distribute or sell the information provided.

Upland Country Day School does not discriminate on the basis of race, religion, national origin, ethnicity, gender, or sexual orientation with regard to admission or the terms and conditions of the educational setting.