



Union Day School
8120 Kensington Dr.
Waxhaw, NC 28173
UnionDaySchool@gmail.com
www.uniondayschool.com
704-256-1494

UNION DAY SCHOOL INTENT FORM

Student Information: (Please print clearly)

Student Name : _____
(Last) (First) (Middle)

Gender: Female _____ Male: _____

Student's Current School: _____

Student's Primary Race/Ethnicity: (Check all that apply)

_____ Alaskan Native/American Indian

_____ Black/African American

_____ Hispanic or Latino

_____ Hawaiian/Pacific Islander

_____ Asian/Middle Eastern

_____ Multi-racial

_____ White/Caucasian

_____ Other _____

2017-2018 School year
Student will enter:

___ K ___ 1st ___ 2nd ___ 3rd ___ 4th

Has your child ever been retained?
If so, for what grades? Please list

Enrollment Decision

_____ **YES, we accept our seat. I intend to enroll my child (listed above) at Union Day School for the 2017-2018 school year. (I understand that by accepting this seat, I must give Union Day School the release form to request my student's academic records from his/her current school.)**

_____ **NO, we decline this seat. My child will NOT attend Union Day School for the 2017-2018 school year. (I understand that by declining this seat, my child's name will be removed from the Union Day School class list, and I will need to submit a new application for him/her in order to be eligible for enrollment in the future.)**

Parent Signature: _____ **Date:** _____