



Union Day School
 3000 Tilley Morris Rd.
 Weddington, NC 28014
 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)

- | | |
|---|--|
| <input type="checkbox"/> Alaskan Native/American Indian | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Hawaiian/Pacific Islander |
| <input type="checkbox"/> Asian/Middle Eastern | <input type="checkbox"/> Multi-racial |
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Other _____ |

2019-2020 School year
Student will enter:
 ___ K ___ 1st ___ 2nd ___ 3rd ___ 4th ___ 5th ___ 6th

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 2019-2020 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 2019-2020 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:** _____