



# Greenbrier Episcopal School

3100 Houfnaggle Road, Lewisburg, WV 24901  
304-793-2420

## Application for Admission

**Thank you for your interest in Greenbrier Episcopal School.**

Please answer the questions on this application as completely as possible and return to the Admissions Office.  
*A non-refundable application and testing fee of \$50 should be enclosed with the application.*

### APPLICANT INFORMATION

Application for Grade: \_\_\_\_\_ School Year: 20\_\_\_\_ - 20\_\_\_\_  
Applicant's Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Sex: M F  
Telephone: \_\_\_\_\_

### PARENT/GUARDIAN

Parent/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Applicant lives with: Both parents: \_\_\_\_\_ Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Guardian: \_\_\_\_\_

### CONTACTS

Paternal Grandparents: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Maternal Grandparents: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

## SCHOOL HISTORY

Current School: \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Address: \_\_\_\_\_ Teacher: \_\_\_\_\_

Schools attended in the past three years:

| School Name | Grade | Address | Teacher/Administrator |
|-------------|-------|---------|-----------------------|
|-------------|-------|---------|-----------------------|

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|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Has student undergone any psychological/educational testing?      YES       NO       If yes, please attach copies.

Please state your reasons for wishing to enroll your student in GES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you learn about GES? \_\_\_\_\_

\_\_\_\_\_

Please list children in applicant's family:

| Name | Sex | Age | School |
|------|-----|-----|--------|
|------|-----|-----|--------|

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