



## Application for Admission

Child's Name: \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Residential Address: \_\_\_\_\_  
Street City Zip Code

Mailing Address: \_\_\_\_\_  
Street City Zip Code

Telephone: \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

Current School / Program: \_\_\_\_\_  
Name of School / Program Address Grades Attended

Previous School / Program: \_\_\_\_\_  
Name of School / Program Address Grades Attended

Parent's Name: \_\_\_\_\_  
Relationship to Child

Address: \_\_\_\_\_  
IF DIFFERENT FROM CHILD'S City State Zip Code

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Work/Alternate Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Location of Work: \_\_\_\_\_

Parent's Name: \_\_\_\_\_  
Relationship to Child

Address: \_\_\_\_\_  
IF DIFFERENT FROM CHILD'S City State Zip Code

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Work/Alternate Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Location of Work: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Relationship to Child

Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Work/Alternate Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Location of Work: \_\_\_\_\_

## CHILD'S PROFILE

Child's Health / Medical Needs: \_\_\_\_\_

Child's Allergies: \_\_\_\_\_

Child's Maintenance Medication: \_\_\_\_\_

Describe any medical, physical psychological, behavioral and/or other needs, conditions or concerns about your child. Specifically, please note if the student has been involved in special tutorial assistance (classes, programs, activities) to address social, physical, or academic challenges.

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If applicable, all evaluations of the child must be submitted with the application. This includes psycho-educational evaluations like Comprehensive Evaluations, Individual Education Plans (IEP), School Evaluations, 504 Plans, etc. In the private sector, evaluations include Psychological, Psychoeducational, Neuropsychological, Speech, and Occupational.

University School does not feature any learning interventions and offers a few standard accommodations. Our comprehensive admissions process is used to enable the family and USL to determine if there is a good fit and if University School has the appropriate resources to attend to the needs of the student.

***Please check one of the two below:***

My child has an evaluation(s) (or similar) listed above. All of this info will be submitted with the application.

My child has not had any of the evaluations (or similar) listed above.

Child's Religious Preference (optional): \_\_\_\_\_ Child's Ethnic Origin (optional): \_\_\_\_\_

Child Resides With: \_\_\_\_\_

Parent's Relationship Status: \_\_\_\_\_

Siblings: \_\_\_\_\_

Name	Age	School / Program Currently Attending
_____	_____	_____
_____	_____	_____
_____	_____	_____

Was child adopted:    YES    NO            If yes, at what age: \_\_\_\_\_

Child's Spoken Language(s): \_\_\_\_\_

Child's Daily Routine: \_\_\_\_\_

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Child's Daily Sleeping Schedule: \_\_\_\_\_

Child's Responsibilities at Home: \_\_\_\_\_

Child's Interests / Hobbies / Sports: \_\_\_\_\_

Does Child Play a Musical Instrument: YES NO      How Long: \_\_\_\_\_

If yes, which instrument is played: \_\_\_\_\_

Time Spent Watching Television/Movies/Videos: \_\_\_\_\_  
Daily Amount      Weekly Amount

Time Spent on Computer / Playing Electronic Games: \_\_\_\_\_  
Daily Amount      Weekly Amount

Please describe your child's learning style, disposition, personality and any other characteristics that would assist the school in best supporting the child while in school:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATIONAL PROFILE**

How did you come to know about University School? \_\_\_\_\_

What are your interests / reasons for choosing University School? \_\_\_\_\_

What other schools / programs are you applying for? \_\_\_\_\_

If applicable, why is child changing schools / programs? \_\_\_\_\_

Has child ever repeated or skipped a grade?

YES NO    If yes, please explain: \_\_\_\_\_

Has child ever been suspended, expelled or asked to leave another school / program?

YES NO    If yes, please explain: \_\_\_\_\_

## ENROLLMENT RESPONSIBILITY & PROCESS

Complete financial responsibility for student's initial and continued enrollment, until otherwise changed in writing, will be assumed by:

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Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

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Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

1. **Application & Fee**

Please submit a completed *Application for Admission* along with a \$75 Application Fee (non-refundable).

2. **Receipt of Records**

Please complete and send the *Parent Authorization for the Release of School Records* form to your child's school.

3. **Receipt of Recommendations**

Please ensure the completion and return of the three recommendations (Math teacher, English teacher, and teach/coach/mentor) by mail, fax, by hand, or scanned and emailed.

4. **Interview**

Once the prior documents and fee have been received by University School, a brief interview will be scheduled for your child (usually on the same day the child shadows at USL). The interview can also be scheduled in conjunction with the administration of the Admissions Test (step 5).

5. **Admissions Test**

Please schedule an appointment for your child to take University School's admissions test. A great way to do this is have your child come for Morning Meeting, enjoy some exercise in PE, and then take the test. They should be finished between 10 and 11 AM, and then they can depart or stay at USL for the rest of the day.

6. **Admission Decision**

Once this process has been completed and a decision about the applicant's admission made, the parents/guardians will be notified by phone and in writing.

7. **Agreement to Enroll**

If your child should be invited to join University School, your prompt acceptance will be important. Upon agreeing to enroll your child, pertinent forms will be sent to you.

### **Non-Discrimination Policy**

*University School of the Lowcountry is committed to its growth as an institution that welcomes and values a diversified school community. The school does not discriminate on the basis of race, national or ethnic origin, religion, economic background, or any other classification protected by law in the administration of its educational policies, financial assistance policies, or any other school policy or program.*

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Name of Parent / Guardian \_\_\_\_\_ Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

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Name of Parent / Guardian \_\_\_\_\_ Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

**SUBMITTING THE APPLICATION**

Please return this application for admission

**By hand:** University School of the Lowcountry  
690 Coleman Blvd.  
Mt. Pleasant, SC 29464

**By scanning and emailing:** [admissions@uslowcountry.org](mailto:admissions@uslowcountry.org)

**By fax:** 843-884-0905

**By mail:** University School of the Lowcountry  
P.O. Box 665  
Mt. Pleasant, SC 29465-0665

## **STUDENT ESSAY**

Please write responses to the following three questions  
(Use additional paper if needed)

1. Write a paragraph describing your special interests such as music, art, sports, hobbies, etc.:

2. Write a paragraph about a book you recently read and explain why you liked or disliked it:

3. Why do you wish to attend University School of the Lowcountry? *If you spent a day shadowing at the school, please also talk about this experience.*