

THE EPISCOPAL SCHOOL OF LOS ANGELES

Thank you for your interest in The Episcopal School of Los Angeles. Please fill out and send this form along with your application fee payment. We accept payment in the form of cash or check. If you are sending a check, please make it out to *The Episcopal School of Los Angeles*, and **for: [Child's Name] Application Fee**.

If you would like the application fee waived, please attach an explanation of why you are requesting a waiver.

Send application fee and this form directly to:

Admissions Office
The Episcopal School of Los Angeles
6325 Santa Monica Boulevard
Los Angeles, CA 90038

Thank you!

APPLICANT'S NAME

PARENT/GUARDIAN NAME

CHECK WHICHEVER IS APPROPRIATE:

Please find, enclosed, a check of \$100 made out to The Episcopal School of Los Angeles for my child's application fee.

Please find, enclosed, cash in the amount of \$100 to The Episcopal School of Los Angeles for my child's application fee.

Please find, attached, a short explanation of why I am applying for an application fee waiver.

PARENT/GUARDIAN SIGNATURE

DATE