




Application of Interest

Eclipse School
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click/tab through fields to complete:

Child's First Name: Last Name:

Gender: Female: Male: Date of Birth: 

School Currently Attending:

Home Address:

City: State: Zip:

Parent's First Name: Last Name:

Email: Primary Phone #:

Parent's First Name: Last Name:

Email: Primary Phone #:

How Many Siblings Does Child Have?

Schools Attended by Siblings:

Desired Year: 2024-2025 2025-2026

What type of education are you considering for elementary school?

Public: Private: Undecided:

Additional Information You'd Like Us to Know:

Please submit via email to eclipse@eclipseschool.org