



# 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:  2023-2024  2024-2025

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](mailto:eclipse@eclipseschool.org)