



Application for Admission

Date of Application _____

For Enrollment Beginning _____

Grade Level Desired _____

\$30 non-refundable application fee required with application.

Student's Full Name _____

Nickname _____ Date of Birth _____ Gender _____

Ethnicity (please check one): African American Hispanic Asian/Pacific Island
 Native American White Multi-Racial

Parent's/Guardian's Name _____ Home Phone _____

Address _____ Work Phone _____

City _____ State _____ Zip Code _____ Cell Phone _____

Place of Employment _____ Occupation _____

Parent's/Guardian's Name _____ Home Phone _____

Address _____ Work Phone _____

City _____ State _____ Zip Code _____ Cell Phone _____

Place of Employment _____ Occupation _____

Parent's/Guardian's Email Address: _____

Address to be Used for All Correspondence: _____

Siblings _____ Age _____ Current School _____
_____ Age _____ Current School _____
_____ Age _____ Current School _____

Parents' Marital Status: Married Separated Divorced Widow(er) Single

Student Lives with (check all that apply): Mother Father Stepfather Stepmother Guardian

If parents are separated or divorced, who has legal custody? _____
(A copy of the court order outlining the custody arrangement must be attached to this application form.)

Do you wish to receive information on our tuition assistance program? Yes No

Community School provides education of the highest quality for students of all racial, cultural, religious, ethnic, national and economic backgrounds.

Student Information

Please list all schools attended by applicant beginning with the present:

Table with 4 columns: School, Phone #, Dates Attended, Grade(s). Includes three horizontal lines for data entry.

- 1. Does your child have a previous or current medical or psychological condition? ___ Yes ___ No
2. Has your child missed more than 20 days of school in any of the past 3 years? ___ Yes ___ No
3. Has your child had any academic or social difficulties? ___ Yes ___ No
4. Has your child ever been retained in school? ___ Yes ___ No
5. Has your child ever been recommended for an educational evaluation? ___ Yes ___ No
6. Does your child have any Special Needs (classroom accommodations, IEP, ISP, 504 Plan, other): ___ Yes ___ No Date of last review _____
7. Has your child ever been restricted from participating in any activity? ___ Yes ___ No
8. Has your child ever been suspended from school? ___ Yes ___ No Expelled? ___ Yes ___ No

If you answered yes to any of the above questions, you must provide details on an additional sheet of paper, and you must provide Community School with copies of any assessments, test scores, recommendations, and accommodations that may not be included in the applicant's student record.

If you have any additional information about your child that you believe would be helpful to our understanding of this student, please provide this information on an additional sheet.

We often find it helpful to talk with someone who has worked with your child. Please give us the names and phone numbers of two adults who know your child well, including the most recent teacher:

Table with 3 columns: Name, Phone #, Relationship to Child. Includes two horizontal lines for data entry.

My signature at the end of this document indicates my permission for Community School to contact the above-named persons and the teachers, guidance counselors, principals or other school personnel at the above-listed schools to discuss the student. I attest that all of the information on this application is true and complete to the best of my knowledge.

Signature of Parent(s)/Guardian _____ Date _____
_____ Date _____

For Office Use: Notes _____
Date of Application _____
Date of Visit _____
Date of Acceptance _____
Tuition Deposit _____
Registration Fee _____