Application Form

Student's Full Name _____ Date of Birth _____

Nickname_____ Gender _____ Ethnicity _____

Grade Level Desired _____ Preferred Start Date _____

Siblings _____ Age _____ Current School _____

_____ Age _____ Current School _____

_____ Age _____ Current School _____

Parents' Marital Status: Married_____Separated_____Divorced_____Widow(er)_____Single_____

Student lives with: Mother _____Father_____Stepfather_____Stepmother_____Guardian(s)_____

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

Based on your child's legal address, what public school would he/she attend?_____

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

Street Address _____ Work Phone _____

City _____ State _____ Zip Code _____ Cell Phone _____

Place of Employment _____ Occupation _____

Email Address _____

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

Street Address _____ Work Phone _____

City _____ State _____ Zip Code _____ Cell Phone _____

Place of Employment _____ Occupation _____

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

Student's Full Name _____Date of Birth _____

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School History:

Please list all schools attended by applicant beginning with the current or most recent:

School _____ Dates Attended _____ Grade(s) _____

City _____State _____ Phone _____ Fax _____

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School _____ Dates Attended _____ Grade(s) _____

City _____State _____ Phone _____ Fax _____

....

School _____ Dates Attended _____ Grade(s) _____

City _____State _____ Phone _____ Fax _____

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Recommendations:

Community School requires 2 confidential written recommendations for each applicant except for early learner or kindergarten applicants without previous school experience. One recommendation must be from a current teacher. The second recommendation can be from a previous teacher, guidance counselor, principal, tutor, coach, or other individual (no relatives, please) who has worked with the student in a group or educational situation. Recommendation forms can be obtained from the admissions director or downloaded from the admissions page of the school website.

Authorization for Release/Exchange of Record and Reference Information:

The above-named student is applying for admission to Community School. At your earliest convenience, please fax (540-362-1183), email (admissions@communityschool.net) or mail copies of the items listed below to Community School (Attn. Admissions Office, 7815 Williamson Road, Roanoke, VA 24019).

1. Transcripts of all elementary and middle school grades and test scores
2. Current or most recent report card
4. All confidential records (psychological, psychiatric, etc.)
5. Attendance and disciplinary records (behavior problems, suspension)
6. Other school records relevant to admission and placement (i.e. classroom accommodations, special program placement, IEP, ISP, 504 plan, additional educational assessments)
7. Health and immunization records and birth certificate verification

I hereby authorize the schools listed above to release my child's complete student record, including all of the above-listed items, as requested by Community School. I authorize the executive director, admissions director, and teachers at Community School to discuss my child with the teachers, guidance counselors, principal and other school personnel at the above-named schools. In addition, should my child enroll at Community School, I authorize the above-named schools to forward my child's complete, updated records to Community School at the end of the school year.

Parent's/Guardian's Signature _____Date_____

Student's Full Name _____Date of Birth _____

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Applicant's Educational, Physical, and Social History:

If you answer yes to any of the questions below, you must provide details below or on an attached sheet. You must also provide Community School with copies of any assessments, evaluations, test scores, recommendations, and accommodations that may not be included in the applicant's student records. If you have additional information that you believe would be helpful to our understanding of this applicant, please use an additional sheet.

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 or social/emotional evaluation?
   Yes____ No____   Did you pursue an 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____
   Not invited to return to a previous school? Yes____ No ____

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_____

_____

_____

I attest that all of the information on this application is true and complete to the best of my knowledge.

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

Parent's/Guardian's Signature _____ Date_____

($30 non-refundable application fee is required when the application is submitted.)

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For Office Use:

Date of Application _____   Date Application Fee Received _____ (check # _____)
Acceptance Date   _____   Acceptance Level _____   Waitlisted _____
Admission Denied _____   Application Withdrawn _____
Registration Fee   _____   Tuition Deposit _____   Deferral _____