

Application Form



COMMUNITY
SCHOOL

Student's Full Name _____

Nickname _____ Date of Birth _____ Gender _____

Grade Level Desired _____ Preferred Start Date _____ Ethnicity _____

Preschool Applicants Only : Full day or half day enrollment? _____

Our Preschool program is Monday-Friday, either half day or full day.

Siblings _____ Age _____ Current School _____

_____ Age _____ Current School _____

_____ Age _____ Current School _____

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

Student lives with: Parent 1 _____ Parent 2 _____ Stepparent _____ Guardian _____

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? _____

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

Street Address _____ Work Phone _____

City _____ State _____ Zip Code _____ Cell Phone _____

Place of Employment _____ Occupation _____

Email Address _____
.....

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

Street Address _____ Work Phone _____

City _____ State _____ Zip Code _____ Cell Phone _____

Place of Employment _____ Occupation _____

Email Address _____
.....

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 _____

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 _____

School _____ Dates Attended _____ Grade(s) _____

City _____ State _____ Phone _____ Fax _____

School _____ Dates Attended _____ Grade(s) _____

City _____ State _____ Phone _____ Fax _____

Recommendations:

Community School requires 2 confidential written recommendations for each applicant except for preschool 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 _____

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. Child's primary language: _____
2. Other languages spoken at home: _____
3. Does your child have a previous or current medical or psychological condition? Yes ___ No ___
4. Has your child missed more than 20 days of school in any of the past 3 years? Yes ___ No ___
5. Has your child had any academic or social difficulties? Yes ___ No ___
6. Has your child ever been retained in school? Yes ___ No ___
7. Has your child ever been recommended for an educational or social/emotional evaluation?
Yes ___ No ___ Did you pursue an evaluation? Yes ___ No ___
8. Does your child have any special needs (classroom accommodations, IEP, ISP, 504 Plan, other):
Yes ___ No ___ Date of last review _____
9. Has your child ever been restricted from participating in any activity? Yes ___ No ___
10. Has your child ever been suspended from school? Yes ___ No ___ Expelled? Yes ___ No ___
Not invited to return to a previous school? Yes ___ No ___
11. Child's immunization status: Full ___ Partial ___ Medical Exemption ___ Religious Exemption ___

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

In order for your child to attend school, Community School's admissions office must have all current associated paperwork on file prior to the first day of school every year. This includes but is not limited to: VA Health entrance form(all 3 parts), birth certificate(we make a copy of the original), immunization records or notarized letter of exemption, allergy forms, allergy action plans, etc. Failure to provide these documents will result in recorded absences for your child. We strongly recommend you make any necessary doctor's appointments as soon as possible to get all signed documents needed for enrollment.

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

Parent's/Guardian's Signature _____ Date _____

(\$30 non-refundable application fee must be received within 5 days of submitting the application.)

App fee paid in Cash _____ Check # _____ Date Received _____ Initial _____