



# Application for Admission

Date of Application \_\_\_\_\_

Grade Level Desired \_\_\_\_\_

For Enrollment Beginning \_\_\_\_\_

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

## Applicant's Family Information:

Student's Full Name \_\_\_\_\_

Nickname \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Ethnicity \_\_\_\_\_

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 \_\_\_\_\_ Other \_\_\_\_\_

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.)

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Parent's/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

E-mail Address \_\_\_\_\_

.....  
Parent's/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

E-mail Address \_\_\_\_\_

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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's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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*Previous Schools Attended:*

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

School	Phone #	Dates Attended	Grade(s)

*References:*

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 (no relatives, please) who know your child well, including the most recent teacher:

Name	Phone #	Relationship to Child

*Authorization for Release/Exchange of Record and Reference information:*

The above-named student is applying for admission to Community School. Please send copies of the items listed below to the Director of Admissions (7815 Williamson Road, Roanoke, VA, 24019 or fax 540-362-1183) at your earliest convenience. The requested information must be on file in the admissions office before we can make an enrollment decision for new applicants.

1. Transcripts of elementary and middle school grades
2. Elementary and middle school standardized test scores
3. Most recent report card
4. 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, Director of Admissions, and teachers at Community School to discuss my child with the above-named persons and the guidance counselor, teachers, 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 assessment, 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.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

<p><b>For Office Use:</b></p> <p>Date of Application _____</p> <p>Date of Visit _____</p> <p>Date of Acceptance _____</p> <p>Tuition Deposit _____</p> <p>Registration Fee _____</p>	<p><b>Notes</b> _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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