



# Application Form

Return to Community School • 7815 Williamson Road • Roanoke, VA 24019  
540.563.5036 • FAX 540-362-1183 • admissions@communityschool.net

**COMMUNITY  
SCHOOL**

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

Nickname \_\_\_\_\_ Gender \_\_\_\_\_ Ethnicity \_\_\_\_\_

Grade Level Desired \_\_\_\_\_ Preferred Start Date \_\_\_\_\_

Days/Mornings Per Week Desired for Preschool Applicants: 5 \_\_\_ 4 \_\_\_ 3 \_\_\_ 2 \_\_\_

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 \_\_\_

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 \_\_\_\_\_

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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 \_\_\_\_\_

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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 \_\_\_\_\_

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

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

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.)**

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