harlotte Mason Community School | Where children Love To Learn

Student Application for Admission



This application does not assure final enrollment, but provides information upon which a decision will be based. Admission date desired: _____ Grade for which applying: _____ STUDENT INFORMATION First Name _____ Male ______ Female Age:______ Ethnicity: ______ Race: _____ State Family Email Address Birth Date: _____/_____ Place of Birth: ______ School District you reside in _____ Please describe your son or daughter's characteristics and temperament: SCHOOL HISTORY Is this your child's first school experience? Yes _____ No ____ List previous schools attended: 1) Name of School: ______ Telephone#:_____ School Address: _ Address Last Grade Level Completed/Currently in: ______ Dates of Enrollment: _____ 2) Name of School: _______ Telephone#:______ School Address: _ How would you describe your child as a student? Check all that apply: ____ excels academically _____ above average _____ average _____ indifferent _____ dislikes school _____ struggles academically _____ highly motivated Does your child have an identified learning disability? If so, please explain:

Indicate any mental, emotional, or special phys	sical situation	that may a	ffect your child's activities or progress.
Does your child receive medication?	_No	Yes	Type:
Does your child have allergies to: Medication:	No	Yes	Type:
Food:	No	Yes	Type:
Other:	No	Yes	Туре:
List any honors/awards your child has won:			
List any special abilities or gifts your child poss	esses:		
Has your child ever been retained in any grade	? If yes, please	e explain: _	
_			
Has your child ever been expelled, denied re-endisciplinary action? If yes, please explain.	nrollment, cou	unseled no	t to return to a school or been the subject of any major school
Has your child ever been to juvenile court? If yo	es, please exp	lain.	
Has there been any known drug use by your ch	ild? If yes, ple	ase explair	1.
Most difficult subject:		Leas	t difficult subject:

FAMILY INFORMATION

FATHER:	МОТ	MOTHER:				
Title First Name Last Name		First Name	Last	Last Name		
Home Address City State Zip	Home	Address	City	State	Zip	
Phone	Phone	2				
Marital Status:	Mari	tal Status:				
Married Separated Divorced One Parent W	/idower	_ Married Separat	tedDivorced	One Parent _	Widower	
Occupation/Title	Occ	upation/Title				
Place of Employment	Plac	e of Employment	t			
Work Phone Work Email Address	Work	Phone	Wor	rk Email Address		
If the student does not live with both parents, the stude	ent lives with: (indi	cate below)				
birth mother only birth father	only					
adoptive parents guardian						
birth mother & stepfather birth father a	and stepmother					
Who has legal custody of the student?						
		ation is required prior to en	rollment)			
Is either parent forbidden by court order from having ex (Written documentation is required prior to enrollment)	qual access to the	child or the school	ol records?	Yes No		
Primary Language spoken at home:	Second	l Language:				
SIBLINGS:						
Name:	Age	Grade	9			
Present School						
Name:	Age	Grade				
Present School	Applying	to CSH? Ye	s No			
Name:						
Present School	Applying	to CSH? Ye	S NO			
PATERNAL GRANDPARENTS	MATE	RNAL GRANDPAI	RENS MOTHER:			
First Names Last Name	First N	Names		Last Name		
Address City State Zip	Addres	SS	City	State	Zip	
Phone Fmail	Phone		Fmail			

SUPPLEMENTAL INFORMATION

Why do you want your child(ren) to attend Charlotte Mason Community School?
How did you hear of the school?
Are you here as a result of a referral from a CMCS family?Yes No Family Name:
Have you been satisfied with the education your child has had until now?
If not, in what areas do you desire improvement?
What expectations do you have of the education your child will be receiving at Charlotte Mason Community School?
If your child is seeking admission at this time and will enter the 6th grade or above, please have him or her complete the following question Why do you want to attend or not to attend Charlotte Mason Community School?
I accept the policies of Charlotte Mason Community School (CMCS) and I authorize the school to hold my child accountable to CMCS standards and policies. Further, I agree to have my child taught according to the doctrinal position of the school. I accept the policies detailed in the Student Handbook and agree to abide by the school's discipline policies. I promise to pay my financial obligations to CMCS on or before the due date or accept the consequences of the delinquent tuition policy. I give consent for my child to take part in all schoo activities, including sports and school-sponsored trips away from school premises, and absolve the school of liability because of injury to my child during school activities except for the willful, wanton, or reckless misconduct of CMCS, its employees, or volunteers. I pledge my cooperation in regular tuition payments, practical service, prayer, and special gifts as the Lord enables me. I understand that any false information or significant omissions may disqualify my child from admission and may be justification for dismissal from CMCS if discovere at a later date. Finally, I give permission to have my son or daughter's photograph used in school related print and web-based publications
I have read the terms stated on this application and agree.
Signature of parent or guardian: Date:
Signature of parent or guardian: Date:
NON-DISCRIMINATORY POLICY In accordance with Title VI of the Civil Rights Act of 1964, it is the policy of Charlotte Mason Community School to admit students of any race, color, national ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, class assignments, scholarship programs, and other school-administered programs.

FOR OFFICE USE ONLY

Child's Name:			Date Received:		
Starting Date:			Birth Certificate:		
Application Fee Paid	Yes	No	Interview Date: _		
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