



# The Child's Primary SCHOOL

A learning community since 1983

## APPLICATION FOR ADMISSION

Applicant to Grade \_\_\_\_\_ Male / Female (please circle)

Please attach to this application a recent photograph of the applicant.

Student Full Name Preferred Name Date of Birth Age

### SCHOOL INFORMATION:

Please list all the schools attended by the applicant, beginning with the current school year.

Previous School Name Dates Attended

School Address and Phone Number Teacher's Name

Previous School Name Dates Attended

School Address and Phone Number Teacher's Name

### PARENTS/GUARDIAN

Parent/Guardian 1: Name Email Address

Street Address City/State/Zip Phone Number

Occupation

Parent/Guardian 2: Name Email Address

Street Address City/State/Zip Phone Number

Occupation

### SIBLINGS OF APPLICANT

Name Age/Current Grade Present School Applying to TCPS?

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Explain any special circumstances which may have affected your child's development as it relates to school.

Has the student any physical disability, illness or unusual condition of which we should be aware? If yes, please specify.

Has the student ever been subject to any disciplinary action (suspension or dismissal) in any school?  
If yes, please explain below.

Please describe any additional classes, instruction, or groups in which your child participates.

Describe any talents or strengths the student has shown either in or out of school.

Describe any challenges the student has faced either in or out of school.

What qualities do you appreciate most about your child?

Please rate your son or daughter:

	Excellent	Good	Average	Fair
Cooperation	_____	_____	_____	_____
Consideration of others	_____	_____	_____	_____
Creativity	_____	_____	_____	_____
Study habits	_____	_____	_____	_____
Organizational skills	_____	_____	_____	_____
Motivation	_____	_____	_____	_____
Attitude toward school	_____	_____	_____	_____
Intellectual potential	_____	_____	_____	_____
Sense of humor	_____	_____	_____	_____
Social skills with peers	_____	_____	_____	_____

Describe your child's main interests outside of school:

List all languages spoken in the home. If more than one, please circle your child's primary language.

What do you hope your child will gain in his/her years at The Child's Primary School?

Is there anything else you would like us to know about your son/daughter?

***We (I) certify that the information provided on this application is true and accurate. We (I) understand and agree that the admission evaluation and references are confidential and will not be made available to us. We (I) understand and agree that due to the confidential nature of the admissions materials, The Child's Primary School staff is unable to discuss individual admissions decisions.***

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Parent / Guardian Signature

Date

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Parent / Guardian Signature

Date

The Child's Primary School is committed to enrolling a diverse student body. The School admits students of any race, color, gender, religion, or national or 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, gender, religion, or national or ethnic origin in the administration of its educational policies, admission policies, scholarships and other school-administered programs.





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## Release of Records

As parent/legal guardian of \_\_\_\_\_, I give my permission for all records from the schools and other evaluators listed below, to be released to The Child's Primary School. Also, I understand that the teacher and/or director of The Child's Primary School may be contacting personnel who worked with my child at these facilities.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

### Schools Attended

Name of school (now attending): \_\_\_\_\_

Address of school: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Principal/Director's name: \_\_\_\_\_

Teachers who have worked with your child: \_\_\_\_\_

(list most recent first)

\_\_\_\_\_  
\_\_\_\_\_

Name of school: \_\_\_\_\_

Address of school: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Principal/Director's name: \_\_\_\_\_

Teachers who have worked with your child: \_\_\_\_\_

(list most recent first)

\_\_\_\_\_  
\_\_\_\_\_

### Evaluators/Resource People

\_\_\_\_\_  
#1 Name Title

\_\_\_\_\_  
Address Phone Number

\_\_\_\_\_  
#2 Name Title

\_\_\_\_\_  
Address Phone Number