

Admission Application

Applicant's name _____
First Middle Last

Preferred name _____ Gender _____ Preferred Pronoun _____

Date of birth _____ Age _____

Application for grade _____ For Year (circle one) 2022-2023, 2023-2024, Other: _____

If you are applying for Nursery, please indicate: Half Day _____ or Full Day _____

Home address _____
Street Apt. #

City State Zip code Phone (____) _____

Have you had a child/ren apply to Community School before? Yes No If yes, please provide name(s)/date(s).

PARENT/GUARDIAN INFORMATION

Title: Mr. Mrs. Ms. Dr. Other _____

Title: Mr. Mrs. Ms. Dr. Other _____

Full Name _____

Full Name _____

Preferred Name _____

Preferred Name _____

Relationship to applicant _____

Relationship to applicant _____

Home Address _____
(If different from applicant's)

Home Address _____
(If different from applicant's)

Home telephone _____

Home telephone _____

Employer _____

Employer _____

Occupation _____

Occupation _____

Position/Title _____

Position/Title _____

Employer's Address _____

Employer's Address _____

Business Phone _____

Business Phone _____

Cell Phone _____

Cell Phone _____

E-mail _____

E-mail _____

Please circle all that apply:

Parent(s) is/are: Married Single Separated Divorced One parent has custody _____
Joint Custody Other: _____

Applicant lives with (name & relationship) _____

Other children in applicant's family:

Name _____ Date of Birth/Gender _____ Current School/Grade _____ Applying to Community School? _____

Other family members who have attended/graduated from Community School:

Name _____ Relationship _____ Year(s) _____

Name _____ Relationship _____ Year(s) _____

SCHOOL INFORMATION

Applicant's Current School _____

School Address _____

School Phone _____ Date(s) of Attendance _____

Reason for leaving _____

Previous schools attended:

Name/Address _____ Dates attended _____

Name/Address _____ Dates attended _____

If there are circumstances which have affected or may affect the applicant's academic performance, participation in physical education, or attendance in school, please describe (e.g., **food allergy**, health condition, learning difference, frequent moves/change of school, separation/loss of a significant person in the family, disciplinary action). Please provide any information which would assist us in working with your child.

Do you have any concerns about your child's readiness for school? Yes No

If yes, please explain.

For demographic purposes only: (*optional*) How would you like your child to be identified?

- Black/African American
- Asian/Asian American/Asian Pacific Islander
- Middle Eastern
- White/Caucasian
- Latino/Hispanic
- Native American
- International (Non-U.S. citizen)
- Multiracial (Please specify) _____

Language(s) spoken at home: English Other (Please specify) _____

Please provide your reasons for considering Community School for your child.

To what other schools are you submitting an application? _____

How did you first learn of Community School?

- Relative/friend/colleague – If so, who? _____
- Print Advertisement in _____
- Direct Mail
- School Website
- Social Media
- Online Search _____
- Other (please describe): _____

FINANCIAL AID: Please check here if you are interested in receiving financial aid information:

Community School will send information to parents about our Financial Aid Program. To receive priority consideration for financial aid, the financial aid application should be filled out using the School and Student Service for Financial Aid in Princeton, New Jersey **no later than January 28, 2022**. Financial information is not used in the admission process. **Half-day Nursery applicants are not eligible for financial aid.** Apply for financial aid at sss.nais.org.

We/I confirm that the information provided in this application is complete and accurate to the best of our knowledge. We/I understand that the withholding of information or incorrect information may disqualify the applicant for admission.

Parent/Guardian _____ Date _____
Signature

Parent/Guardian _____ Date _____
Signature

Please enclose a non-refundable application/testing fee of \$90 (payable to Community School) and submit it *with* the completed application and Release of Records form.

Return the completed application ● \$90 fee ● Release of Records form to:
Community School (Attn: Admission Director)
900 Lay Road
St. Louis, MO 63124

Community School - Release of Records Form

I/We authorize Community School to contact schools, preschools, daycares, and other sources to obtain information relative to my/our child's application.

APPLICANT'S FULL NAME: _____

First
Middle
Last

APPLYING FOR GRADE: Nursery ½ day; Nursery full day; JK, SK, 1st, 2nd, 3rd, 4th, 5th, 6th
 (Circle one)

ENROLLING: _____ CHILD'S DATE OF BIRTH: _____

Month/Year
Month/Day/Year

CURRENT SCHOOL: _____

SCHOOL ADDRESS: _____

Street Address
City
State
Zip

SCHOOL PHONE: (____)_____ SCHOOL FAX: (____)_____

PRINCIPAL/DIRECTOR'S NAME: _____ EMAIL: _____

TEACHER'S NAME _____ EMAIL: _____

I/We authorize the release of my/our child's information (where applicable):

- report cards and interpretation of grading scales
- attendance and disciplinary records
- immunization and medical records
- test results, including psychological and special needs testing
- Teacher Recommendation Form (provided by Community School)

Please send materials directly to:
 Community School Admission Office
 900 Lay Road
 St. Louis, Missouri 63124
 Phone: (314) 991-0005; Fax: (314) 991-1512
 Email: dsaulsberry@communityschool.com

STATEMENT OF CONFIDENTIALITY: It is the policy of Community School that all information received regarding a student's application for admission be treated with complete confidentiality. Only authorized school personnel have access to this information and then only to the extent that the information is relevant to the admission and placement decisions. Information received within the scope of this policy is not disclosed to the applicant or the applicant's family. I/We will not seek access to confidential recommendation and evaluation materials before or after the admission decision is made. I/we authorize release of the full record.

Parent/Guardian _____ Date _____
Signature

Parent/Guardian _____ Date _____
Signature