

VILLAGE GATE CHILDREN'S ACADEMY

Application for grade _____

School Year 20__ - 20__

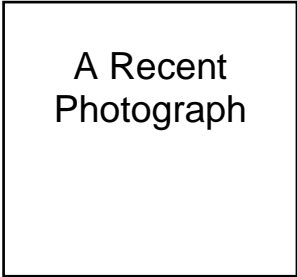
Please Print or Type

Student's Full Name: _____ Male Female Prefer not to say

Date of Birth: _____ Home Telephone: _____
Month Day Year Age in September

Place of Birth: _____

Student's Social Security Number: _____



Correspondence should be addressed to:

Name: _____

Address: _____
Street City State Zip Code

Email: _____

Student lives with (check all that apply):

- Parent 1
- Parent 2
- Other(s) _____
- Step Parent 1
- Step Parent 2

- Parents Separated
- Parents Divorced
- Parent 1 Deceased
- Parent 2 Deceased

Parent 1 Full Name: _____

Street _____

City State Zip _____

Employer Position _____

Email Address _____

Colleges Attended; Degrees: _____

Home Telephone Work Telephone _____

Student's Brothers and Sisters:

Name Age School _____

Name Age School _____

Name Age School _____

Parent 2 Full Name: _____

Street _____

City State Zip _____

Employer Position _____

Email Address _____

Colleges Attended; Degrees: _____

Home Telephone Work Telephone _____

Financial responsibility for the student's tuition will be assumed by: _____

Grandparents:

Names _____

Street _____

City _____ State _____ Zip Code _____

Grandparents:

Names _____

Street _____

City _____ State _____ Zip Code _____

How did you learn about Village Gate Children’s Academy? _____

Name and relationship of relatives and/ or friends who are applying to Village Gate Children’s Academy:

Student’s Present School: _____

Enrolled Since: _____ Grades Attended: _____ to _____

School Address: _____

School Office Phone: _____ Teacher or Advisor: _____

Previous School	City and State	Grades Attended	Years Attended
Previous School	City and State	Grades Attended	Years Attended

Has the applicant had any form of achievement, intelligence or psychological testing done during the last three years?

Name of Test: _____ Administered By: _____

HEALTH

Describe the student’s general health: _____

Do the student have any physical handicaps or allergies that would limit student’s participation in the full range of school activities?

Has the student ever suffered any serious injury or illness? _____

Is the student under the care of a physician, psychiatrist or psychologist? If so, please describe briefly:

Our primary goal in the admission process is to try to find the right fit between school, student and family. Please answer the following questions to help us get a better sense of your child as a unique individual and the values around which you have built your family.

What is it about Village Gate Children's Academy that appeals to you? Why do you think it would make a good choice for your child?

What are your immediate goals for your child?

Do you see your child as a fairly self-motivated and independent learner, or do you sense that your child needs close supervision to stay on task?

What responsibilities does your child have at this stage of life around your home and neighborhood?

Describe your child's social style in terms of relationships to others (peers, adults, family) in new settings and familiar situations.

Does your child have specific interests or hobbies?

Languages spoken at home: _____

How would you describe your child's learning style?

Has your child had any previous difficulties in school? If so, what supports have you or their school provided?

What would else you like the Admissions Committee to know about your child?

A non-refundable fee of \$50.00 along with a copy of your child's birth certificate must accompany this application. Your application is regarded as a formal request for consideration of your child as a potential student at Village Gate Children's Academy, and as authorization to our office to obtain transcripts and recommendations from previous schools.

Authorization for the Release of Records

School _____

Address _____

On behalf of my child, _____, who is presently enrolled as a student at your school, I have applied for admission to Village Gate Children's Academy beginning with the term starting _____, 20____. I hereby authorize you to release a complete copy of his/her file. Please include a transcript of his/her academic record, health forms, relevant test scores, teachers' comments and observations of his/her overall development and progress.

Signature of Parent or Guardian

Date

Please forward these records to:

Bobbi Etheridge, Village Gate Children's Academy, Post Office Box 1055, Cardiff, CA 92007