



Application

APPLICANT

Last, First, Middle, Preferred Name		Date
Gender	Present Age	Date of Birth
Child's Age/Grade in September 2010: <input type="checkbox"/> 2-Year Old <input type="checkbox"/> 1st Grade <input type="checkbox"/> 3-Year Old <input type="checkbox"/> 2nd Grade <input type="checkbox"/> 4-Year Old <input type="checkbox"/> 3rd Grade <input type="checkbox"/> Transitional-K <input type="checkbox"/> 4th Grade <input type="checkbox"/> Kindergarten <input type="checkbox"/> 5th Grade <input type="checkbox"/> <input type="checkbox"/> 6th Grade	Year Applying for: If applying for 2- or 3-Year Old Program, specify number of days you prefer: <input type="checkbox"/> 2 days per week <input type="checkbox"/> Half Day <input type="checkbox"/> 3 days per week <input type="checkbox"/> Full Day <input type="checkbox"/> 5 days per week	
Home Address		Telephone Number
Current School	Address of School	
Telephone for Current School	Head of School	
Previous Schools Attended/Dates of Attendance/Grade Levels		
Applicant's Primary Language/Other Languages Spoken		Applicant's Ethnicity (optional)
Does your child have any physical limitations or health conditions? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please explain:		

FAMILY

Parent/Legal Guardian Name (Last, First, Middle)			
Address			
Occupation	Home Phone	Work Phone	Cell Phone
Email			
Parent/Legal Guardian Name (Last, First, Middle)			
Address			
Occupation	Home Phone	Work Phone	Cell Phone
Email			

(over)

Check all that apply:

parents together parents separated parents divorced mother deceased father deceased father remarried mother remarried single parent other

With whom does the child reside?

Who has legal custody of the child?

Name of step-parent(s) if applicable:

Other children in the family:

Name

Year of Birth

Present School

Name	Year of Birth	Present School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any unusual family situations:

Name of person financially responsible for tuition and fees:

How did you hear about this school?

Any other information you would like us to have about your child:

\$35 application fee required for submission

Check here if you wish to have financial assistance information mailed to you.

Print Name

Signature

Date



Supplemental Application

What do you like best about Charlottesville Day School?

Why do you think CDS is the right school for your child?

Tell us about your child:

Additional comments:

(RECENT PHOTO)



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Are there any areas in which your child would need additional support in school?

In the last two years has your child seen a counselor, psychologist, or psychiatrist?
If so, describe the nature of the evaluation and/or counseling.

Is your child presently taking any other prescribed medications on a regular basis?
If yes, please list and describe the purpose of the medication(s).

Has your child ever been tested or evaluated for any learning/speech and language difficulties which the school may need to accommodate? Please describe the results of the testing and any reasonable accommodations that may be necessary for your child's participation in school. Please note if an IEP is in place.

Has your child ever been accelerated or held back in school? Please explain.