



APPLICATION FOR THE 2019-2020 SCHOOL YEAR

ADMISSIONS CHECKLIST

- Attend a school tour
- Submit an application (request records must be sent to the school)
- Schedule an afterschool visit with your child to meet with the teacher and learn more about the program.
- Admissions decision is made

APPLICATION

Date: _____

Applicant's Full Name: _____

Gender: _____

Date of Birth: _____

Age on September 1st : _____

Please indicate the program level you are applying for:

Pre-Primary

Half day

Full Day

Primary

Half Day

Full Day

Kindergarten

Lower Elementary: Grades 1-3

___ Upper Elementary: Grades 4-6

___ Junior High: Grades 7-8

___ High School: Grades 9-12

Entering grade: _____

Additional Programs

___ Before Care (7:30-8:15)

___ After Care (3:30-5:30)

Applicant's place of birth: _____ Nationality: _____

Current school: _____

Dates of attendance: _____ Present grade/class: _____

Father/Mother/Guardian #1 Name: _____

Relationship to applicant: _____

Address: _____

Home phone/Work phone: _____

Cell phone/Other phone: _____

Email: _____

Occupation: _____

Employer: _____

Father/Mother/Guardian #2 Name: _____

Relationship to applicant: _____

Address: _____

Home phone/Work phone: _____

Cell phone/Other phone: _____

Email: _____

Occupation: _____

Employer: _____

Siblings (list names and ages): _____

Is there any additional information about your child's needs? _____

Are there any unusual circumstances that the school should be aware of?

In what ways do you feel The Grove will be a good fit for your child and family?

What are your long-term educational goals for your child?

___ Transfer to public school in grade ___

___ Transfer to another private school in grade ___

___ Enrollment at The Grove through high school.

___ Other:

Questionnaire

How would you describe your child? _____

What do you consider to be his or her greatest strengths? _____

What are some areas for growth for your child? _____

Has your child ever been diagnosed as having a learning difference?

What activities does your family enjoy participating in together? _____

How do you handle discipline in your home? _____

Pre-Primary and Primary Only

Is your child toileting independently? **(Primary students must be fully potty trained prior to admission)**

Does your child use a fork and spoon? _____

All Students

Do you have any concerns about your child's learning style development?

Please provide any additional information you feel would be helpful in evaluating your child.

What academic goals do you have for your child? _____

What social goals do you have for your child? _____

Signature of Parents:

Signature **Date**

Signature **Date**