



THE NEW COMMUNITY SCHOOL

Application for Admission

Application Date _____

For Session of 20__ to 20__

Applicant's Name: _____ Present Grade: _____
(First) (Middle) (Last)

Applicant's Home Address: _____ County: _____
(Street and Number)

(City and State) (Zip) Home Phone: _____

Name usually called: _____ Sex: _____ Present Age: _____

Place of Birth: _____ Date of Birth: _____

Father's Name: _____ Name Usually Called: _____

Father's Occupation and Title: _____

Firm: _____

Business Address: _____ Phone: _____
(Street) (Zip)

Mother's Name: _____ Name Usually Called: _____

Mother's Occupation and Title: _____

Firm: _____

Business Address: _____ Phone: _____
(Street) (Zip)

Are Both Parents Living? _____ Are Parents Divorced or Separated? _____

Who is Legal Guardian? _____ With Whom Does Applicant Live? _____

Who is Responsible for Finances? _____ For Permissions? _____

Non-Custodial Parent: _____ Address: _____

Brothers and Sisters: Name Age School

Others Living at Home: _____

School(s) Attended for the Last Five Years:

<u>Grade</u>	<u>School</u>	<u>Dates of Attendance</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Referred By: _____

Please describe briefly the applicant's strengths: _____

Please describe briefly the applicant's learning weaknesses or problem areas:

If there is any unusual physical condition, please describe it here: _____

Please list any medications the student takes regularly: _____

Please attach any available reports and test results (WISC with subtest scores, Achievement Tests, Vision, Audiometric, Personality, Neurological, etc.) Please send the Record Release Authorizations to the appropriate schools or professionals. Please do not return them to The New Community School.

List teachers, therapists, physicians, psychologists, or psychiatrists who are familiar with the applicant's learning problem. If the student is currently in counseling please list the counselor first.

<u>Name</u>	<u>Address</u>	<u>Telephone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

By submitting a signed copy of this application to The New Community School, the undersigned parents or legal guardians for the applicant authorize designated persons from The New Community School to contact any of the person's listed above regarding the appropriateness of placement of the applicant into The New Community School. Final determination of appropriateness of placement in The New Community School will be made by the Admissions Committee.

This application form does not constitute an enrollment agreement.

An application fee of \$75 to cover the expense of testing and processing must be submitted with this application. A report on the testing done by The New Community School will be made to the parents and student in conference. The school will not be able to provide a written report of testing prior to a student's attendance at the school.

Applicant's Signature

Parent or Guardian's Signature

Parent or Guardian's Signature

Return this application to:

Admissions Director
The New Community School
4211 Hermitage Road
Richmond, VA 23227