



# Columbus Classical Academy

*Veritas et Virtus*

## K-5 Application

*Note: Kindergarten applicants shall be five years old by **September 1st** of the year entering kindergarten. Every rising kindergarten applicant will be screened for kindergarten readiness.*

## Student Information

Student's full legal name (first, middle, last): \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Check which applies:

☐ Oldest

☐ 2<sup>nd</sup> Oldest

☐ 3<sup>rd</sup> Oldest

☐ Youngest

Preferred Name: \_\_\_\_\_

Male: \_\_\_\_ Female: \_\_\_\_

Academic year for entrance: 20\_\_\_\_ - 20\_\_\_\_

Grade entering: \_\_\_\_\_

## Mailing/Home Address (if different from parent):

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Student lives with: Both parents \_\_\_\_ Father \_\_\_\_ Mother \_\_\_\_ Grandparent \_\_\_\_ Other \_\_\_\_

If "other" please explain more fully:

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## School Information

Name of current school: \_\_\_\_\_

Current grade: \_\_\_\_\_ Grades attended: \_\_\_\_\_

School street address (if homeschooled, just put "student's"): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Website: \_\_\_\_\_

Principal: \_\_\_\_\_

Prior schools attended:

Name: \_\_\_\_\_

City, State: \_\_\_\_\_ Grades attended: \_\_\_\_\_



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Name: \_\_\_\_\_

City, State: \_\_\_\_\_ Grades attended: \_\_\_\_\_

*\*If student has attended additional schools, please report information on a separate document and enclose.*

Has the student ever skipped or repeated a grade? No \_\_\_ Yes\_\_\_

If "yes," please explain:

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Has the student ever been suspended, expelled, or asked not to return by a school? No\_\_\_ Yes\_\_\_

If "yes," please explain:

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Has the student ever withdrawn from a school prior to the conclusion of a school year? No \_\_\_ Yes \_\_\_

If "yes," please explain:

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Has the student ever been professionally tested or diagnosed with any of the following:

- |   |  |
|---|--|
| <input type="checkbox"/> ADD                | <input type="checkbox"/> Vision Impairment |
| <input type="checkbox"/> ADHD               | <input type="checkbox"/> Speech            |
| <input type="checkbox"/> SLD                | <input type="checkbox"/> Autism            |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Other _____       |

If you checked any, please provide details and include a copy of the testing results. If able, please provide information on the tester/testing center:

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## Academic & Behavioral Characteristics

What is this student's academic areas of strengths and weaknesses?

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What is this student's behavioral areas of strengths and weaknesses?

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I understand that Columbus Classical Academy makes no guarantee of admission to any applicant and is not obligated to provide information regarding the basis for admissions decisions.

I affirm that all information is, to the best of my ability and knowledge, correct, complete, and honestly presented. I understand that withholding or misrepresenting information on this application will jeopardize my child's admission to and/or enrollment at Columbus Classical Academy.

Father's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian's signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_