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
- ❑ 2nd Oldest
- ❑ 3rd 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:

_____

_____

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:

_____

_____

Has the student ever been suspended, expelled, or asked not to return by a school? No___ Yes___

If "yes," please explain:

_____

_____

Has the student ever withdrawn from a school prior to the conclusion of a school year?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

If "yes," please explain:

_____

_____

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

- ❑ ADD
- ❑ ADHD
- ❑ SLD
- ❑ Hearing Impairment

- ❑ Vision Impairment
- ❑ Speech
- ❑ Autism
- ❑ 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:

_____

_____

_____

Academic & Behavioral Characteristics

In what areas is this student both weak and strong academically?

_____

_____

_____

_____

_____

_____

_____

In what areas is this student both weak and strong behaviorally?

_____

_____

_____

_____

_____

_____

_____

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: _____