



Columbus Classical Academy

Veritas et Virtus

6th – 8th Grade Application

Note: All 6th – 8th grade applicants must independently fill out the Student Questionnaire.

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Has the student ever withdrawn from a school prior to the conclusion of a school year?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:

- | | |
|---------------------------------------------|--------------------------------------------|
| <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?

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

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: _____



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Student Questionnaire

All 6th – 8th grade applicants fill out, and use complete sentences, please.

Student's name (first, last): _____

Current grade: _____

What academic subjects are of greatest interest to you?

What academic subjects are of least interest to you?

What kinds of things do you like to learn about outside of school? How do you go about learning them? What are some examples of things that you have learned about recently?

On a scale of 1 (don't enjoy) - 10 (thoroughly enjoy), how much do you enjoy reading for pleasure? _____

What are other ways you enjoy spending your time?

Approximately how many hours per week do you spend on required homework? _____



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Please list any clubs, organizations, or extracurriculars in which you have participated:

Please list any jobs you have had or volunteer work you have done:

What qualities/characteristics of a school are most important to you?

What are aspects of attending CCA that excite you?

What are aspects of attending CCA that concern you?

Student's signature: _____

Date: _____