



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Has the student ever withdrawn from a school prior to the conclusion of a school year?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

- | | |
|---|--|
| <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

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: _____