



TO EACH A UNIQUE PATH
Camelot Academy

Serving Triangle K-12 Students Since 1983

809 Proctor St. | Durham, NC 27707 | (919) 688-3040 | Fax: (919) 682-4320
www.camelotacademy.org | admit@camelotacademy.org

Application for Admission

Please return this form with the application fee of \$100. Please type or print in ink.

Student Information

Name _____
(Last) (First) (Middle)

Prefers to be Called _____ Gender _____

Date of Birth ____ / ____ / ____ Place of Birth _____

Home Address _____
(Street and Number) (Town/City) (State) (Zip)

Home Phone ____ (____) _____ Current School _____

Home Schooled? ☐ Yes ☐ No Current Grade _____ Grade Applying To _____

School Phone ____ (____) _____ School Contact _____

Previous School(s) _____

Student lives with (check all that apply): ☐ Parents ☐ Father ☐ Mother ☐ Guardian ☐ Other _____

Mailings to (check all that apply): ☐ Parents ☐ Father ☐ Mother ☐ Guardian ☐ Other _____

Check all that apply: ☐ Father is deceased ☐ Mother is deceased Parents are: ☐ Separated ☐ Divorced

Sibling _____
(Name) (Age) (Current Grade) (Current School)

Sibling _____
(Name) (Age) (Current Grade) (Current School)

Sibling _____
(Name) (Age) (Current Grade) (Current School)

Parent Information

Father or Guardian _____

Address _____
(if different from above)

Phone ____ (____) _____
(if different from above)

Email _____

Occupation _____

Employer _____

Mother or Guardian _____

Address _____
(if different from above)

Phone ____ (____) _____
(if different from above)

Email _____

Occupation _____

Employer _____

The Parent Perspective

We value the knowledge and insights you have regarding your child. Please answer the following questions as fully and honestly as possible. Please include additional pages if the space provided is not adequate.

1. How did you hear about Camelot Academy? Is there a particular Camelot family we should credit if you are accepted and enroll?
2. Please describe the student's academic strengths as well as areas of challenge. Are there any noteworthy learning styles we should be aware of? (Strongly prefers hands-on learning, doesn't do well in groups, etc.)
3. Has the student been evaluated for a learning difference? Has he/she received a diagnosis? (If there has been a psych-ed. evaluation, please provide a copy with the student's application.)
4. Please describe any medical or health issues that might affect the student's school experience and list any medications the student is currently taking, along with dosage and frequency.
5. Does the student have any special interests or activities outside of school?
6. Has the student ever been suspended, dismissed or expelled from a school? If so, please explain the circumstances.
7. Please list any professional services being provided, in, or outside of current school, for conditions or circumstances that may affect the student's performance in school.

The Student Perspective (for applicants to grades 5 through 11)

At Camelot Academy, we strongly believe that the student should be an active participant in his or her education. Please respond to the following prompts and attach an additional page(s) if needed.

1. Please introduce yourself by describing your strengths, weaknesses, and interests.

2. What else would you like the teachers and students at Camelot Academy to know about you? (For example, your hopes/dreams, the kind of instructors/instruction you prefer, etc.)

3. Describe your ideal school, including your ideal school day.

A Completed File

Before a decision can be made about a student's application, Camelot Academy must have a completed file for the student. In addition to the application and fee of \$100, a completed file includes:

- An official school transcript (should cover at least the three previous years of the student's career and include grades {or anecdotal summaries} attendance records, health records, and standardized test scores
- Teacher recommendations (two for Upper School applicants and one for K-6th grade applicants-preferably from the English and/or Math teachers)
- Copies of any psychological or educational evaluations that may exist

☐ I have read and understood the information requested. I further understand that admissions decisions are based on completed files and that any relevant information omitted may result in the reversal of an acceptance decision without refund.

Parent Signatures

I (we) certify that the information on this application is complete and correct. Any willful misrepresentation of fact may be cause for withdrawal of this application from consideration, cancellation of admission or registration, or dismissal from Camelot Academy.

(Parent Name - please print)

(Parent Signature)

(Date)

(Parent Name - please print)

(Parent Signature)

(Date)

Request for Release of School Records

(NOTE TO PARENTS)

Please fill in this form and send it directly to the last school attended by your child.

I hereby authorize _____ to release

(Insert name of school)

information from the record of _____

(Insert full name of child)

to Camelot Academy.

It is understood that the information released will remain confidential.

(Parent Name - please print)

(Parent Signature)

(Date)

(NOTE TO SCHOOL)

The above named student has applied for admission to Camelot Academy. We would appreciate having from your files all material that might be helpful in working with this student.

Please send copies of such materials to:

Admissions Office
Camelot Academy
809 Proctor Street
Durham, NC 27707
(919) 688-3040
Fax: (919) 682-4320

SCHOOL INFORMATION REQUESTED

1. Grade record
2. A copy of all psychological evaluations
3. Individual Education Plan (if applicable)
4. Teacher, guidance counselor and/or other staff comments
5. Health record
6. Attendance record
7. EOG results and/or standardized test scores