



Columbia Academy Elementary and Middle School

10350 Old Columbia Road Columbia, MD 21046

(410) 312-7413 fax (410) 312-7416

www.ColumbiaAcademy.com

**Application for Admission
2010-2011**

Student's Name _____ Nickname _____
(First) (Middle) (Last)

Age _____ Sex _____ Date of Birth (month/day/year) _____ SSN _____

Application for grade _____ Current Grade _____ Current School _____

School Address _____
(Street Address) (City) (State) (Zip Code)

Telephone(____) _____ Fax (____) _____ Principal/Director _____

Dates of Attendance _____

Other school(s) previously attended:

(Name) (Address) (Telephone) (Dates of Attendance)

(Name) (Address) (Telephone) (Dates of Attendance)

Name of Parent or Guardian

Name of Parent or Guardian

Home Address

Home Address

(City) (State) (Zip Code)

(City) (State) (Zip Code)

Home phone

Home phone

SSN

SSN

Employer

Employer

Occupation/Title

Occupation/Title

Business Address

Business Address

Business phone

Business phone

E mail

E mail

How do you prefer to be addressed?

How do you prefer to be addressed?

____ Dr. ____ Mr. ____ Other (please specify) _____

____ Dr. ____ Mrs. ____ Other (please specify) _____

With whom does the applicant reside? ____ Both parents ____ Mother ____ Father ____ Other (please specify) _____

Correspondence should be sent to: ____ Both parents ____ Mother ____ Father ____ Other (please specify) _____

Person Responsible for Tuition Account: _____

Brothers and Sisters

Name	Birth date	School now attending
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Name	Birth date	School now attending
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Name	Birth date	School now attending
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Please check any of the following that describes your child most of the time:

- | | | | | |
|--------------------------------------|---|---------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> happy | <input type="checkbox"/> introverted | <input type="checkbox"/> extroverted | <input type="checkbox"/> creative | <input type="checkbox"/> prefers leading |
| <input type="checkbox"/> dramatic | <input type="checkbox"/> organized | <input type="checkbox"/> active | <input type="checkbox"/> empathetic | <input type="checkbox"/> prefers following |
| <input type="checkbox"/> daydreams | <input type="checkbox"/> cooperative | <input type="checkbox"/> irritable | <input type="checkbox"/> confident | <input type="checkbox"/> young for age |
| <input type="checkbox"/> cautious | <input type="checkbox"/> cries easily | <input type="checkbox"/> affectionate | <input type="checkbox"/> persevering | <input type="checkbox"/> easily distracted |
| <input type="checkbox"/> adventurous | <input type="checkbox"/> patient | <input type="checkbox"/> shy | <input type="checkbox"/> sensitive | <input type="checkbox"/> perfectionist |
| <input type="checkbox"/> aggressive | <input type="checkbox"/> self-disciplined | <input type="checkbox"/> influential | <input type="checkbox"/> honest | <input type="checkbox"/> anxious |

How would you describe your child's learning style? _____

How much time does your child spend with other children? _____

Is your child involved in any activities outside of school? If Yes, which ones? _____

Where will your child spend non-school hours? _____

Do you plan to enroll your child in the Columbia Academy After School Program? Yes No

What activities does your child particularly enjoy? _____

How does your child handle frustration? _____

How many hours does your child spend watching television? _____ a day _____ a week

Playing video games? _____ a day _____ a week

On the computer? _____ a day _____ a week

What are your educational goals for your child? _____

How do you see Columbia Academy facilitating these goals? _____

What role do you expect to play in facilitating these goals? _____

Are there any questions that you have about Columbia Academy Elementary/Middle School? _____

Is there any additional information you believe would be helpful for Columbia Academy to review, please describe.

STATEMENT OF CONFIDENTIALITY: It is the policy of Columbia Academy that all information received regarding a candidate's application for admission will be treated with complete confidentiality. Only authorized personnel have access to this information and then only relevant to admission and placement decisions. Information received within the scope of this policy is not disclosed to the applicant or to the applicant's family. Columbia Academy does not discriminate based on race, color, or national origin in the admission of students and the employment.

Signature of parent(s)/guardian(s):

(Signature) (Date)

(Signature) (Date)

A non-refundable application fee of \$75.00 must accompany each application.

There is no sibling discount on application fees.

Please make your check payable to Columbia Academy.

**Application Processing
For Office Use Only**

Student's Name: _____

Grade in Fall: _____ Current School: _____

Information:

Date:

Initials:

Application received _____

Student Recommendation Form _____

Current Progress Report _____

Birth Certificate _____

Student Visit Date _____

Classroom Visiting _____

Testing Completed _____

Acceptance Letter Mailed _____

Emergency Card _____

Health Inventory (Parent completed) _____

Health Inventory (Physician comp.) _____

Immunization Form _____

Lead Addendum (under age 6) _____

Comments: _____
