



# The Child's Primary SCHOOL

A learning community since 1983

## Application Process

Thank you for deciding to apply to The Child's Primary School. Our teachers and staff members are committed to academic excellence, developing life long learners, and the individualized care and attention that makes our students enjoy learning and makes our school a learning community. Our goal is that your child is placed in an engaging learning environment to realize their potential and develop a foundation for success.

Step 1: Parents must complete and return this application along with a \$100 non-refundable application fee\*.

Be sure to complete all three (3) sections

1. Application for Admission
2. Evaluation Permission Form
3. Release of Records Form

Step 2: Parents provide the Teacher Recommendation Form to their child's teacher. This form should be filled out and signed by the teacher and promptly returned directly to TCPS via mail, fax or e-mail.

Step 3: TCPS will schedule an appointment for the Student Evaluation.

The application is considered complete when:

- \_ TCPS has received the Application for Admission
- \_ TCPS has received the Evaluation Permission form from Parent
- \_ TCPS has received the Release of Records form from Parent
- \_ TCPS has received the \$100 Application Fee
- \_ TCPS has received the Teacher Evaluation Form from the Teacher
- \_ TCPS has completed the Student Evaluations and Testing

Once the application process is complete, parents will receive an admissions decision. There are no written reports of the testing provided. Parents and students will receive decision notices in approximately two weeks.

\* Please Note: the \$100 Application Fee is not refundable.



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## APPLICATION FOR ADMISSION

Applicant to Kindergarten for September 20\_\_\_\_\_ Boy / Girl (please circle)

\_\_\_\_\_  
Student Full Name Preferred Name Date of Birth Age

*Please attach to  
this application a  
recent photograph  
of the applicant.*

### SCHOOL INFORMATION:

Please list all the schools attended by the applicant, beginning with the current school year.

\_\_\_\_\_  
Previous School Name Dates Attended

\_\_\_\_\_  
School Address and Phone Number Teacher's Name

\_\_\_\_\_  
Previous School Name Dates Attended

\_\_\_\_\_  
School Address and Phone Number Teacher's Name

### PARENTS/GUARDIAN

\_\_\_\_\_  
Parent/Guardian 1: Name Email Address

\_\_\_\_\_  
Street Address City/State/Zip Phone Number

\_\_\_\_\_  
Parent/Guardian 2: Name Email Address

\_\_\_\_\_  
Street Address City/State/Zip Phone Number

### SIBLINGS OF APPLICANT

\_\_\_\_\_  
Name Age/Current Grade Present School Applying to TCPS?

\_\_\_\_\_  
Name Age/Current Grade Present School Applying to TCPS?

\_\_\_\_\_  
Name Age/Current Grade Present School Applying to TCPS?

If your child is attending preschool, indicate the frequency of attendance (days per week, hours per day).

Explain any special circumstances which may have affected your child's development as it relates to school.

Has the student any physical disability, illness or unusual condition of which we should be aware? If yes, please specify.

Has the student ever been subject to any disciplinary action (suspension or dismissal) in any school?  
If yes, please explain below.

Please describe any additional classes, instruction, or groups in which your child participates.

Describe any talents or strengths the student has shown either in or out of school.

What qualities do you appreciate most about your child?

Please rate your son or daughter:

	Excellent	Good	Average	Fair
Cooperation	_____	_____	_____	_____
Consideration of others	_____	_____	_____	_____
Creativity	_____	_____	_____	_____
Study habits	_____	_____	_____	_____
Organizational skills	_____	_____	_____	_____
Motivation	_____	_____	_____	_____
Attitude toward school	_____	_____	_____	_____
Intellectual potential	_____	_____	_____	_____
Sense of humor	_____	_____	_____	_____
Social skills with peers	_____	_____	_____	_____

Describe your child's main interests outside of school:

List all languages spoken in the home. If more than one, please circle your child's primary language.

What do you hope your child will gain in his/her years at The Child's Primary School?

Is there anything else you would like us to know about your son/daughter?

***We (I) certify that the information provided on this application is true and accurate. We (I) understand and agree that the admission evaluation and references are confidential and will not be made available to us. We (I) understand and agree that due to the confidential nature of the admissions materials, The Child's Primary School staff is unable to discuss individual admissions decisions.***

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Parent / Guardian Signature

Date

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Parent / Guardian Signature

Date

The Child's Primary School is committed to enrolling a diverse student body. The School admits students of any race, color, gender, religion, or national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the School. It does not discriminate on the basis of race, color, gender, religion, or national or ethnic origin in the administration of its educational policies, admission policies, scholarships and other school-administered programs.



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## Evaluation Permission Form

I give permission for my child, \_\_\_\_\_ to be evaluated by  
The Child's Primary School. The program includes sensory-motor, developmental, and academic testing.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

### School Readiness Evaluation

Child's Name	Date of Birth	Age
The Child's Primary School School	Class/Grade:	Margaret C. Price / Sherry Risch Examiner

Birth Weight	Pregnancy Term
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\_\_\_\_\_  
Present Health

\_\_\_\_\_  
Any Physiological Problems

Sibling: Name	Age	Health
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Sibling: Name	Age	Health
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Sibling: Name	Age	Health
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## Release of Records

As parent/legal guardian of \_\_\_\_\_, I give my permission for all records from the schools and other evaluators listed below, to be released to The Child's Primary School. Also, I understand that the teacher and/or director of The Child's Primary School may be contacting personnel who worked with my child at these facilities.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

### Schools Attended

Name of school (now attending): \_\_\_\_\_

Address of school: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Principal/Director's name: \_\_\_\_\_

Teachers who have worked with your child: \_\_\_\_\_  
(list most recent first) \_\_\_\_\_  
\_\_\_\_\_

Name of school: \_\_\_\_\_

Address of school: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Phone number of school: \_\_\_\_\_

Principal/Director's name: \_\_\_\_\_

Teachers who have worked with your child: \_\_\_\_\_  
(list most recent first) \_\_\_\_\_  
\_\_\_\_\_

### Evaluators/Resource People

\_\_\_\_\_  
#1 Name Title

\_\_\_\_\_  
Address Phone Number

\_\_\_\_\_  
#2 Name Title

\_\_\_\_\_  
Address Phone Number



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**SCHOOL**  
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### **Teacher Recommendation Form**

**\*\*This information is confidential and should be mailed directly to TCPS from the teacher.\*\***

\_\_\_\_\_ is applying for enrollment at **The Child's Primary School**.

Receipt of the attached Teacher Recommendation Form is necessary before the student's application file is complete. We appreciate your time and valuable evaluation. Please complete this form as soon as possible and return it to TCPS. A self-addressed, stamped envelope is enclosed for your convenience. If you prefer, you may fax or e-mail the completed form to (858) 576-2445 or [lballard@tcps.org](mailto:lballard@tcps.org) and then follow-up with a hard copy in the mail.

Please feel free to contact me by phone or e-mail ([lballard@tcps.org](mailto:lballard@tcps.org)) if you have any questions.

Thank you for your prompt attention to this matter.

Sincerely,

Lorenda Ballard  
Admissions Assistant



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## Teacher Recommendation Form

**\*\*This information is confidential and should be mailed directly to TCPS from the teacher.\*\***

Applicant's name \_\_\_\_\_ Teacher's name \_\_\_\_\_

School name \_\_\_\_\_ Telephone \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what grade(s) and subject(s) have you taught the applicant? \_\_\_\_\_

**The Child's Primary School** wants each child to enjoy a successful, positive, and happy experience. We thank you for your valuable assistance.

Please write a summary of your evaluation of this student - including cognitive (academic), social, and emotional aspects.

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**DO** \_\_\_\_\_ **OR, I DO NOT** \_\_\_\_\_ recommend this child to **The Child's Primary School**.

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date



