



The Child's Primary SCHOOL

A learning community since 1983

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 Grade _____ for September 20_____ Boy Girl

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

Student Full Name Preferred Name Date of Birth Age

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?

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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 child on each of the 10 characteristics and attributes below as either Excellent, Good, Average or Fair.

Cooperation

Motivation

Consideration of others

Attitude toward school

Creativity

Intellectual potential

Study Habits

Sense of humor

Organizational skills

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.

Parent / Guardian Signature

Date

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 Margaret C. Price / Sherry Risch
School Class/Grade: Examiner

Birth Weight Pregnancy Term

Present Health

Any Physiological Problems

Sibling: Name Age Health

Sibling: Name Age Health

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: _____

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