

# The Child's Primary School

3811 Mt. Acadia Blvd • San Diego • CA • 92111 • www.tcps.org • (858) 576-2120 • FAX (858) 576-2445 • info@tcps.org

## Application Process

We are pleased that you are applying for enrollment at The Child's Primary School. Our evaluation process helps us to place each child in an environment where he or she can be happy and successful.

Please review the steps for application to our program. It is important that you understand our requirements and expectations. Because timing is so critical for completion of this process, we ask that you pay special attention to the **bold** items, which are the parents' responsibility.

- Step 1 TCPS receives an application card and the **non-refundable** application/evaluation fee. This \$100 fee covers application and evaluation. The evaluation process will not begin until payment is received.  
**PLEASE NOTE:** The \$100 Application/Evaluation fee is **not refundable**.  
For Kindergarten: If testing indicates that your child should wait one year before entering TCPS, then the following year you will incur a \$25 re-application fee.
- Step 2 Parents will receive:
- a) Letter confirming receipt of application
  - b) Permission forms (for testing and for release of records from previous school).  
**Parents are to fill out these forms and return them to The Child's Primary School in the envelope provided.**
  - c) Teacher Recommendation Form  
**Parents are to deliver this form directly to the child's current teacher. This must be filled out by the teacher and promptly returned *directly* to TCPS in the envelope provided.**
  - d) Application  
**Parents are to complete this application and return it with the other forms in the envelope provided.**
- Step 3 Once the appropriate forms and background information are received, testing appointments will be scheduled for developmental and/or academic evaluations.
- Step 4 Your child's application is complete when:
- a) TCPS has received the following forms from parents:
    1. Evaluation Permission Form/School Readiness Evaluation
    2. Release of Records Form
    3. Application
  - b) Testing is completed
  - c) TCPS has received the Teacher Evaluation Form from the current teacher
- Step 5 After the application is complete, parents will receive notification of a decision regarding placement at TCPS. There are no written reports of the testing provided.

We estimate that this process will take a minimum of two weeks. The evaluation process is a cooperative effort between school and parents. Gathering thorough information about the child also enables us to best fulfill each child's needs.

Late registrants must understand that we are willing to meet shorter time frames; however, out of fairness to the child, the family, and the school, this process must be strictly followed. Should you have any questions about our application process, please call.

# THE CHILD'S PRIMARY SCHOOL APPLICATION FOR ADMISSION

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

Applicant to Grade \_\_\_\_\_ for September \_\_\_\_\_  
Year

Boy Girl  
(please circle)

Full Legal Name \_\_\_\_\_  
Name Student Prefers \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

## SCHOOL INFORMATION

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

---

Current 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

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

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

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Home Phone Number/ Cell Phone Number

\_\_\_\_\_  
Home Phone Number/ Cell Phone Number

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
E-Mail Address

## SIBLINGS OF APPLICANT

---

Name	Age/Current Grade	Present School	Also applying to TCPS?
------	-------------------	----------------	------------------------

---

_____ Name	_____ Age/Current Grade	_____ Present School	_____ Also applying to TCPS?
---------------	----------------------------	-------------------------	---------------------------------

**ALL FILES MUST BE COMPLETE BY \_\_\_\_\_.** We will notify you if there is any outstanding paperwork.

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.

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	_____	_____	_____	_____

What qualities do you appreciate most about your child?

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.***

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.**

# The Child's Primary School

3811 Mt. Acadia Blvd • San Diego • CA • 92111 • www.tcps.org • (858) 576-2120 • FAX (858) 576-2445 • info@tcps.org

## Evaluation Permission Form

Date: \_\_\_\_\_

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 signature

## School Readiness Evaluation

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

School: The Child's Primary School Class: \_\_\_\_\_

Examiner: Margaret C. Price/Sherry Risch

Birth weight: \_\_\_\_\_ Pregnancy Term: \_\_\_\_\_

Present health: \_\_\_\_\_

Any physical problems: \_\_\_\_\_

Siblings--Name, Age, Health: \_\_\_\_\_

\_\_\_\_\_

# The Child's Primary School

3811 Mt. Acadia Blvd • San Diego • CA • 92111 • [www.tcps.org](http://www.tcps.org) • (858) 576-2120 • FAX (858) 576-2445 • [info@tcps.org](mailto:info@tcps.org)

## 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.

\_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Guardian

Date

### Schools Attended

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

Address of school: \_\_\_\_\_

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

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

Teachers who have worked with your child: \_\_\_\_\_

(list most recent first) \_\_\_\_\_

\_\_\_\_\_

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

Address of school: \_\_\_\_\_

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 #: \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**\*If necessary, add any other names of evaluators/resource people on the back of the form.**

# The Child's Primary School

3811 Mt. Acadia Blvd • San Diego • CA • 92111 • [www.tcps.org](http://www.tcps.org) • (858) 576-2120 • FAX (858) 576-2445 • [info@tcps.org](mailto:info@tcps.org)

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. We would greatly appreciate it if you would complete this form as soon as possible, and return it to TCPS. A self addressed, stamped envelope has been attached for your convenience. If you prefer, you may FAX the completed form to the FAX number listed above.

Thank You,

Jim Price  
Admissions

attachments

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

# The Child's Primary School

3811 Mt. Acadia Blvd • San Diego • CA • 92111 • www.tcps.org • (858) 576-2120 • FAX (858) 576-2445 • info@tcps.org

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.

---

---

---

---

---

---

---

---

---

---

I (\_\_\_do \_\_\_do not) recommend this child to **The Child's Primary School**.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If additional space is required for any question, please continue on back of form or attach additional sheet. Please also enclose with this recommendation form any check lists or reports that you may use with your students.

1. Ability to work in a group:
  - has great difficulty
  - sometimes has difficulty
  - usually effective
  - always works well
2. Ability to work independently:
  - needs much help
  - needs help frequently
  - needs help occasionally
  - always works well
3. Participation in discussion:
  - rarely contributes
  - wants to dominate
  - contributes occasionally
  - joins in readily
4. Follows directions:
  - rarely
  - needs much explanation
  - occasionally needs help
  - quickly and effectively
5. Attention span:
  - easily distracted
  - occasionally distracted
  - usually good
  - exceptionally good
6. Consideration of others:
  - rarely considerate
  - usually considerate
  - considerate
  - extremely considerate
7. Social adjustment with peers:
  - relates poorly
  - establishes relationships but has frequent problems
  - healthy relationships
8. Classroom conduct:
  - frequent disruptions
  - occasional disruptions
  - usually good behavior
  - excellent behavior
9. Fulfills responsibilities:
  - rarely
  - sometimes
  - usually
  - always
10. Response to a new social situation:
  - withdraws to watch
  - participates with strain
  - participates with ease
  - dominates others
  - disrupts activity
11. Response to a conflict situation:
  - gives up
  - cries
  - fights
  - tries to resolve with peer
  - seeks teacher's help
12. Response to teachers affection:
  - squirms
  - stiffens
  - rejects
  - responds
  - seems uncomfortable
13. Response to discipline:
  - resists
  - cooperates
  - becomes upset
  - cries
  - appears defiant
14. Parent cooperation:
  - unknown
  - fair
  - good
  - outstanding
15. Child's feelings about academics:
  - very positive
  - positive
  - average
  - negative

<b>Subject</b>	<b>above grade level</b>	<b>at grade level</b>	<b>below grade level</b>
Reading	/	/	/
Spelling	/	/	/
Written Expression	/	/	/
Handwriting	/	/	/
Math	/	/	/
Overall	/	/	/

16. What do you feel are his/her academic strengths?

---



---

17. What do you feel are his/her academic weaknesses?

---



---

18. Briefly describe your reading program. (methods used, approach, etc.)

---



---

19. What reading series do you use? (Book level of this student)

---



---

20. Do you perceive this child to have any special needs? If so, describe.

---



---

21. What are the particular goals that you, as a teacher, have had for this child this year?

---



---

22. Is there anything else about this child that you feel we should know?

---



---

**Thank you for your time.**