



# MCDOWELL School



## Student Application 2011-2012

Entering Grade \_\_\_\_\_ Date \_\_\_\_\_

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_  Boy  Girl

Address \_\_\_\_\_ Residence Phone \_\_\_\_\_

City, State, ZIP \_\_\_\_\_ Birthplace \_\_\_\_\_

### Mother/Guardian

### Father/Guardian

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Residence Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

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

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_

Position/Title \_\_\_\_\_

\*Driver's License # \_\_\_\_\_

\*Social Security # \_\_\_\_\_

\*Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

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Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

*\*If you call to authorize release of your child to another person, these numbers may be used for identification.*

### Additional Information

How did you select this school? \_\_\_\_\_

Who referred you to this school? \_\_\_\_\_

Previous School \_\_\_\_\_ What date did your child first enter school (including preschool)? \_\_\_\_\_

Student's Siblings (please list names and ages) \_\_\_\_\_

Child's Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Academic strengths: \_\_\_\_\_

Academic weaknesses: \_\_\_\_\_

Please list sports in which the student has participated (in order of preference):

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

Extracurricular interests, abilities, achievements, musical instruments:

\_\_\_\_\_

Does your child have any ALLERGIES? \_\_\_\_\_

See reverse side →

Has the applicant ever been evaluated for (if yes, explain on a separate sheet of paper and provide professional reports):

Learning Differences	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Behavioral Problems	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Psychiatric/Psychosocial Problems	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Visual Problems	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Hearing Problems	<input type="checkbox"/> No	<input type="checkbox"/> Yes	I.Q.	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Does the applicant take any prescribed medication or need any special medical attention?  No  Yes

If yes, please explain: Condition \_\_\_\_\_ Medication \_\_\_\_\_

Does your child have any physical limitations or handicaps? \_\_\_\_\_

If your child is in preschool, will he or she be part of our nap program (1:00-3:00pm)? Please check one  No  Yes

Have there been any situations in the applicant's life that the school should know about in order to meet his or her learning or developmental needs (i.e. frequent moves, frequent change of school, death in the family, divorce, etc)? \_\_\_\_\_

Has the student ever been subject to major disciplinary action (suspension or dismissal) in any school?  No  Yes

**POLICIES AND PROCEDURES:**

It is the parent's responsibility to notify the school of any changes of telephone, business or residential, or changes of address.

Before a child can attend classes, all state-required immunizations must be met, forms must be received, and a photocopy of the child's original Health Immunization Record and Birth Certificate must be provided.

Each student's classroom placement will be at the sole discretion of McDowell/Children's Choice.

Your Preschool or Early-Kindergarten child's presence at school must be acknowledged by their teacher before you depart. You must sign your Preschool or Early-Kindergarten child in and out each day with a full signature, no initials.

Children will not be released to anyone other than the parents unless the school has been notified in advance in writing. In the event of an unexpected need to send another person to get your child, a phone call will suffice. Proper identification will be required of the person picking up the student.

Textbooks are the property of the school and must be returned in good condition or your account will be charged.

McDowell School is a uniform school. All students in grades Kindergarten-8 are expected to follow the uniform dress code.

Children with colds or other contagious illnesses will not be allowed in the school. We require that a child be kept home for 24 hours after a fever has broken, to avoid relapse. The school should be notified of any allergies.

We operate on a non-discriminatory basis.

Fees for all extra-curricular classes, sports, and tutoring must be paid before the classes or sessions begin.

Information included in school promotional materials may change as our programs grow and develop and as our staff changes. Prior to relying on any written materials in making your decision to enroll or re-enroll, please verify the accuracy of information with the Administration.

McDowell/Children's Choice is not responsible for damage to or loss of personal belongings.

The undersigned consents and holds the school harmless for the release of Student's records and information to any educational institution or law enforcement agency.

The undersigned also releases and holds the school harmless from any liability stemming from the use, disclosure or release of the Student's records or information.

The undersigned releases and holds McDowell/Children's Choice harmless from any liability which might arise from the student's use of a computer and agree that while the school takes steps to prevent unauthorized use of the internet, it is understood that such measures are not 100% foolproof.

A positive and constructive working relationship between the school and the parent is essential to the fulfillment of McDowell/Children's Choice educational purpose. Thus, the school reserves the right to withdraw enrollment privileges at any time, if the Principal or Director, in his/her sole opinion and unfettered discretion, concludes that the actions of the Parent make such a positive and constructive relationship difficult or uncomfortable or otherwise interfere with the school's accomplishment of its educational and/or formative purpose.

Admission is conditioned upon the student successfully completing the student's current school year in good standing, both academically and behaviorally. If the school determines, in its sole discretion, that the student has not met this requirement, the school has the right to cancel admission.

**PLEASE REFER TO THE PARENT HANDBOOK FOR ADDITIONAL SCHOOL GUIDELINES.**

I certify that the information given in the above application is complete and accurate. I understand that failure to disclose information about the applicant's medical, educational or emotional history may affect the school admissions decision and that the school reserves the right to reverse an admission decision, even after acceptance and enrollment if such information has been withheld from the school.

The Undersigned agrees to allow the School to record the Student's image, voice and performance by any and all mechanical, electrical, digital and photographic means in connection with the Student's attendance of the School and other related activities (such recordings and any portion thereof and all copies and reproductions thereof, together with the use of the Student's name in connection therewith, are collectively referred to as the "Released Material"). The Undersigned consents to and irrevocably grants to the School the worldwide perpetual right to use, reproduce, exhibit, distribute, broadcast, edit or otherwise exploit the Released Material in any and all media now known or hereinafter devised and understands and agrees that the Released Material is and shall remain the sole property of the School. The Undersigned acknowledges that neither (s)he or the Student will be compensated for any uses made of the Released Material.

I also understand and agree to the campus policies as listed above.

Mother/Guardian Signature

Date

Father/Guardian Signature

Date