INDEPENDENT COMPASS

6387 Caratoke Hwy, Grandy, NC 27939
independentcompass.nc@gmail.com

OFFICE USE ONLY
Date _____
Application _____
App. Fee _____
Reg. Fee _____
Tested _____
Interview _____

Application Date _____ Applying for Grade_____ School Year_____

Method of Payment: Payment in Full ☐ 10 Monthly Payments ☐

STUDENT INFORMATION

Name _____
(Last) (First) (Middle)

Name preferred (nickname, abbreviation, etc.) _____

Address _____ City _____ State _____

Zip _____ Telephone _____email _____

Age_____ Sex_____ Birth Date ____/____/____

Last School Attended _____ Last Grade Completed _____

Address _____ City _____ State_____

FAMILY INFORMATION

Father/Guardian _____

Address _____

Employer _____ Position_____ Business/Cell _____

Mother/Guardian _____

Address (If different from Father) _____

Employer _____ Position_____ Business/Cell _____

Emergency Telephone Number other than those already listed _____

Marital Status: ☐ Married ☐ Divorced ☐ Remarried ☐ Separated ☐ Widow ☐ Widower ☐ Single

If divorced, who has legal custody? ☐ Father ☐ Mother ☐ Joint Other (Explain) _____

Copy of legal custody document must be in student file.

Children in family of school age if not applying:

Name_____ Age_____

Name_____ Age_____

Name_____ Age_____

Reason they are not applying:

_____

_____

SCHOLASTIC INFORMATION

Has this student ever been suspended, dismissed or refused admission to another school? Yes ☐ No ☐

If yes, explain: _____

_____

Please indicate if any of the following apply to the previous school, to the home, or to other instances:

☐ Behavioral and/or disciplinary problems ☐ Placed on probation

Explain: _____

_____

Has the student ever skipped a grade? _____ Repeated a grade? _____ If so, please explain:

When calling your previous school, what comment could we anticipate?

Is there anything you feel we should know about your child in order to teach or discipline him/her effectively?

Explain: _____

Does the applicant have any mental, emotional or physical handicaps that may affect his/her activities or progress that should be known? If yes, please explain: _____

_____

Please indicate academic level of student's previous work: ☐ Excellent ☐ Good ☐ Average ☐ Poor

MEDICAL INFORMATION

Family Physician _____ Phone_____

Does child have any physical disabilities or allergies? _____

Explain: _____

Are there any diagnosed learning disabilities such as dyslexia, ADD, ADHD, etc., that require special treatment and/or programs?

☐ Yes ☐ No If yes, explain: _____

_____

_____

Is child on medication? ☐ Yes ☐ No If yes, please list medications and explain usage: _____

_____

REFERENCES

Please give three (3) complete references. Please include a former school teacher

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

CERTIFICATION OF INFORMATION

We hereby certify that the above answers are true and are made with no reservations beyond those in the attached explanations.

Date: _____ Father/Guardian Signature: _____

Date: _____ Mother/Guardian Signature: _____

CONSENT FOR RELEASE OF PERSONALLY IDENTIFIABLE INFORMATION

For the purpose of this release, personally identifiable information shall be limited to the student's name, photograph, video, yearbook, school website, or newsletter of student.

I, the undersigned, ___ **do** ___ **do not** give permission to the Independent Compass staff to release personally identifiable information from the above named student for the sole purpose of use in the class photograph, school or local newspaper or other media, school programs, personal or class recognition, involvement in school activities, as well as approved fund raising and support requests from parent organizations.

_____ _____

Signature of Parent/Guardian **Date**