

One Newport Place, Webster Groves, MO 63119
314/962-9355, Fax: 314/962-5078, www.thecollegeschool.org

A \$75 NON-REFUNDABLE APPLICATION FEE MUST ACCOMPANY THIS FORM.

ALSO, PLEASE PROVIDE A RECENT PHOTO OF YOUR CHILD.

Application First – Fifth Grade

STUDENT'S NAME _____
Last First Middle

DATE OF BIRTH _____ SEX _____ ENTERING GRADE _____ SCHOOL YEAR _____

PARENT'S NAME _____ HOME PHONE _____

ADDRESS _____ ZIP CODE _____

EMPLOYER _____ OCCUPATION/POSITION _____

EMPLOYER ADDRESS _____ PHONE _____

PARENT'S NAME _____ HOME PHONE _____

ADDRESS _____ ZIP CODE _____

EMPLOYER _____ OCCUPATION/POSITION _____

EMPLOYER ADDRESS _____ PHONE _____

E-MAIL ADDRESS(ES) _____

CELL PHONES: Parent 1: _____ Parent 2: _____

SIBLINGS AND AGES (if applicable) _____

HAS ANYONE IN YOUR FAMILY ATTENDED TCS? Yes No If yes, who? _____

APPLICANT LIVES WITH: BOTH PARENTS _____ MOTHER _____ FATHER _____

EMERGENCY NAME & PHONE NUMBER _____

To keep our students' grandparents informed about school activities, we send them the school newsletter and invitations to special events. Please name living grandparents and provide their addresses:

MATERNAL GRANDPARENT(S) _____

ADDRESS _____

PATERNAL GRANDPARENT(S) _____

ADDRESS _____

Do you plan to apply for financial aid? _____

Financial aid applications are available in the Business Office and should be submitted by February 15. Applications are considered on a first-come, first-served basis.

Statement of Confidentiality

All information received regarding a candidate's application for admission will be treated with complete confidentiality. Only authorized school personnel have access to such information and then only to the extent that the information is relevant to admission and placement decisions. Information received within the scope of this policy is not disclosed to the candidate or the candidate's family.

Parents' (or Guardians') Signatures:

_____ Date _____

Parent

_____ Date _____

Parent

PARENT QUESTIONNAIRE
The College School
For students entering grades 1-5

Student Name _____ Usually Called _____

Current School _____ Date _____

How did you hear about The College School?

What are your priorities concerning your child's school experience?

Why do you feel The College School can meet these priorities?

Describe your child's attitude toward school.

Do you have concerns with your child's current school experience? Please explain.

How would you describe your child, academically and socially?

What do you feel are your child's greatest strengths and weaknesses?

In what school-sponsored and extracurricular activities does your child participate?

RECORDS RELEASE FORM

TO: _____ Date: _____
(student's current school)

(address)

School phone #: _____ School fax #: _____

I, the parent or legal guardian of _____, hereby
give my permission for the school records, test results, attendance records, health
records, and any other pertinent information regarding this student to be forwarded to:

Admissions Office
The College School
1 Newport Place
Webster Groves, MO 63119
Fax #: 314-962-5078

(Signature of parent or legal guardian)

(Relationship to student)