

The College School

Preschool through Eighth Grade

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 Preschool – Kindergarten

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:

Parent Date

Parent Date

PARENT QUESTIONNAIRE

The College School

For students entering preschool and kindergarten

Student Name _____ Usually Called _____

Current School _____ Date _____

Is this your child's first school experience? _____ If not, please list other schools attended:

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 the emergence of your child's communication skills. Is he/she easily understood?

Briefly describe your child's play experiences (neighborhood playmates, favorite play activities, etc.)

Briefly describe your child's personality.

(Over)

When does s/he get frustrated and how is it demonstrated?

What causes your child to be fearful? How have you dealt with these fears?

What steps do you take if and when discipline is necessary?

What three words best describe your child?

What are your child's sleep habits (normal bedtime, awakening, naps)?

Is she/he toilet trained? (Note: By entry to the school, children must be toilet-trained.)

Does your child have any health problems or learning issues about which we should be aware?

Is there additional information you would like to share that would help in our decision-making?

Parent/Guardian Signature _____ Date: _____

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)