



# Application

## First-Fifth Grade

*A \$75 non-refundable application fee must accompany this form.*

*Also, please provide a recent photo of your child.*

*School entry birthday cutoff is August 1.*

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

\_\_\_\_\_  
School Year

\_\_\_\_\_  
Student's Name: Last

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Gender

\_\_\_\_\_  
Preferred Pronoun

\_\_\_\_\_  
Ethnicity

\_\_\_\_\_  
Parent/Guardian 1 Name

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Occupation/Position

\_\_\_\_\_  
Employer Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Parent/Guardian 2 Name

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Occupation/Position

\_\_\_\_\_  
Employer Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-Mail Addresses:

\_\_\_\_\_  
Parent/Guardian 1:

\_\_\_\_\_  
Parent/Guardian 2:

\_\_\_\_\_  
Cell Phones:

\_\_\_\_\_  
Parent/Guardian 1:

\_\_\_\_\_  
Parent/Guardian 2:

\_\_\_\_\_  
Siblings And Ages (if applicable)

\_\_\_\_\_  
Has anyone in your family attended TCS?  Yes  No If yes, who?

\_\_\_\_\_  
Applicant lives with:  Both Parents/Guardians  Mother  Father

\_\_\_\_\_  
Emergency Name & Phone Number

*Continued on back*

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:

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Grandparent(s) 1

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Address

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Grandparent(s) 2

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Address

## Financial Aid

**Do you plan to apply for financial aid?**  Yes  No

Note: If you indicate "yes," we will send you more information via email about the financial aid application process. Families will need to supply tax information for the most current full tax year in order to complete the financial aid application process. Please contact Jill Pampel, Director of Admissions & Marketing, with any financial aid questions you may have at [admissions@thecollegeschool.org](mailto:admissions@thecollegeschool.org) or 314-962-9355, ext. 111. If applicable, students will be automatically considered for diversity scholarship grants. Financial aid is available for full-time students.

## 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

We/I confirm that the information provided in this application and parent questionnaire is complete and accurate to the best of our knowledge:

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Date                      Parent

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Date                      Parent



# Parent Questionnaire

## First-Fifth Grade

Student Name

Usually Called

Current School

Date

Previous School(s)

Date(s)

How did you hear and learn about The College School?

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How do you feel The College School can meet your priorities for your child's school experience?

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Do you have concerns with your child's current school experience? If yes, what are they?

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Please share your child's three greatest strengths:

1.

2.

3.

Please share your child's three greatest opportunities for growth:

1.

2.

3.

*Continued on back*

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

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How does your child spend personal free time?

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If and when behavior redirection is needed, what steps are taken? How does he/she respond?

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Please list any additional information that will help us know your child better.

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# Records Release

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To (student's current school)

Date

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Address)

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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  
7825 Big Bend Blvd.  
Webster Groves, MO 63119  
Fax: 314-962-5078

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Signature of parent or legal guardian