



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

Pronoun

Race/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

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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:

Grandparent(s) 1

Address

Grandparent(s) 2

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 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:

Date Parent

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?

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

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

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?

How does your child spend personal free time?

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

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



Records Release

To (student's current school)

Date

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

Signature of parent or legal guardian