



# Application

## Preschool–Kindergarten

A \$75 non-refundable application fee should 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

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

## Preschool-Kindergarten

Student Name

Usually Called

Current School

Date

Previous School(s)

Date(s)

If your child is applying for the three/four classroom, are you interested in full-time or part-time?

Ages 3-4 (Big Bend Room)  Full-time (M-F)  3 full days (T/W/Th)

Is this your child's first school experience? If not, please list other schools attended and the dates attended.

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?

Please 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.)

*Continued on back*

How might you describe your child's personality to a family member or friend?

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When does your child get frustrated and how is it demonstrated?

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

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What steps do you take if and when behavior redirection is necessary?

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

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

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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

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Signature of parent or legal guardian