



**Education**

Child's current school: \_\_\_\_\_

Name

Street City State Zip Phone/Fax

Current teacher's name: \_\_\_\_\_

List all other schools attended including kindergarten and preschool(s). List most recent school first.

Name of School	Grades	Years	City	State

Has your child been identified as academically gifted?\* **yes / no** If "yes," what do you expect from the school in terms of sufficiently challenging your child? \_\_\_\_\_

Does your child have health or physical problems? **yes / no** If "yes," please explain the problem and what the school would need to do to ensure the safety and participation of your child. \_\_\_\_\_

Has your child ever consulted or been referred to a psychiatrist, psychologist, or psychiatric social worker for professional assistance? **yes / no** If "yes," please explain the problem and what the school would need to do to ensure the safety and participation of your child. \_\_\_\_\_

Does your child have an identified learning disability or attention deficit disorder?\* **yes / no** If "yes," please name or describe the disability and the interventions required for your child to succeed in school. \_\_\_\_\_

Has your child exhibited significant behavioral/discipline problems at school, preschool, or daycare?\* **yes / no** If "yes," please describe the problem and solutions/interventions required for your child to succeed in school. \_\_\_\_\_

Has your child been suspended, expelled, excluded, or denied re-entry to a school? **yes / no** If "yes," please explain: \_\_\_\_\_

**\*Caldwell Academy is designed primarily for traditional learners and does not specialize in serving academically gifted or learning disabled students or students with concentration disorders. Please see Caldwell Academy's handbook regarding students with special needs.**

**Other Information**

**Siblings** (Please list all other children under 18 years of age living with the family.)

Name	Birth Date			Current School	Current Grade
	month	day	year		

What are your child's areas of greatest school-related accomplishment? \_\_\_\_\_

\_\_\_\_\_

What are your child's areas of greatest non-school-related accomplishment? \_\_\_\_\_

\_\_\_\_\_

Does your child play a sport or a musical instrument? \_\_\_\_\_

If so, please specify: \_\_\_\_\_

Do you have any comments regarding athletics or fine arts? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What additional information should we know regarding your child and his/her placement at Caldwell Academy?

\_\_\_\_\_

\_\_\_\_\_

Please explain why you wish to enroll your child in Caldwell Academy. \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you willing to participate in the following as part of the application process? **yes / no**

- Pay to have your child participate in academic screening
- Ensure that ninth- through twelfth-grade applicants submit the student's admission essay (questions enclosed)
- Submit a recent photograph of the applicant

**Homeschooled applicants, please complete the reverse side.**

**For Homeschooled Applicants** Please complete in lieu of Authorization of Release of Educational Records.

Please record all standardized testing information. (Attach a photocopy of the reports.)

Name of Test	Date Administered	Results

Please report other objective student performance/achievement/psychological information for which you have results. (Attach a photocopy of the results.)

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Please attach all health records including immunization (required), vision, and hearing.

What curriculum did your child use? \_\_\_\_\_

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Please record your observations of your child as a student (strengths, weaknesses, progress, learning style, etc.).

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**Please list names and telephone numbers of three adults who have recently worked with your child in a group educational setting (e.g., Sunday School teacher, Scout leader, coach). We will be mailing teacher observation forms to each of these contacts.**

1. \_\_\_\_\_  
Name Street Address City State Zip

2. \_\_\_\_\_  
Name Street Address City State Zip

3. \_\_\_\_\_  
Name Street Address City State Zip



**Caldwell Academy**  
**2900 Horse Pen Creek Road**  
**Greensboro, NC 27410**  
**(336) 665-1161**  
**(336) 665-1178 Fax**

**AUTHORIZATION OF RELEASE OF EDUCATIONAL RECORDS**

School: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

\_\_\_\_\_  
(Student's Name)

\_\_\_\_\_  
(Current Grade)

\_\_\_\_\_  
(Date of Birth)

In accordance with federal regulations regarding the privacy rights of parents and students under *The Family Educational and Privacy Act of 1974*, the undersigned hereby consents to the release to Caldwell Academy copies of all educational records about the above-named individual who is applying to Caldwell Academy, including recommendations and such other information as may be requested.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

**TO THE PRINCIPAL OR GUIDANCE COUNSELOR:**

The student named above has made application for admission to Caldwell Academy. We would appreciate your promptly sending a **copy** of the items listed below. *If the student enrolls at Caldwell Academy we will request a transfer of permanent records at a later time.*

1. A transcript or copies of the student's report cards to date, including grades for courses in progress.
2. **Copy** of the student's complete test profile.
3. **Copy** of all health records, including immunizations, vision and hearing tests.
4. **Copy** of all psychological reports.
5. **Copy** of Individual Education Plan.
6. **Copy** of Special Education Placement forms.
7. The attached teacher recommendation form(s).

Thank you for your cooperation.

Cathy Isom and Tammie McLean  
Admissions Office