

# Application 2023/2024

Child's full name:				
Name that child prefers to be call	led:			
Pronouns:	Grade Entering in Fall 2023:			
Age:	Date of Birth:			
Languages Spoken at Home:				
Caregiver's information:				
Are current caregivers the legal guardians of the child?				
Who has primary custody of the o	child?			
Name:				
Pronouns:				
Home Phone:	Cell Phone:			
Work Phone:	Email:			
Address:				
City, State, Zip:				
Occupation:	Employer:			
Name:				
Pronouns:				
Home Phone:	Cell Phone:			
Work Phone:	Email:			

207.276.8127 | 585 Sound Drive, Mount Desert, ME, 04660 www.thecommunityschool.me | info@thecommunityschool.me



Address:	
City, State, Zip:	
Occupation:	Employer:
Parent information:	
Parent 1 name:	Parent 2 name:
Pronouns:	Pronouns:
Parent 1 Deceased	Parent 2 deceased
Parents Separated	Parents Divorced
Parent 1 Remarried, Stepparent's Name:_	
Parent 2 Remarried, Stepparent's Name:	
Is there any further pertinent information we parent(s)/caregiver(s)?	

## **Child information**

Please briefly describe your child (this may include any interests, temperament, personality, behavior patterns).



Please describe your child's social relationships (to their peers, adults, siblings, etc).

Please describe your child's general health. Does your child have any medical needs that we should be aware of?



Has your child ever received supportive services; academic, emotional, physical, family or otherwise? Are there any aspects of your child's development where you have questions or concerns?

What is your child doing when they are most happy? What kinds of activities do they not enjoy or struggle with?



### **Family Information**

Number of Children in the Family:\_\_\_\_\_

Name, Age, and School of Siblings:

1.			
2.			
3.			
4	 	 	

Are there other members of the household? Name and Role/Relationship:

1. 2.

Please describe your child's home environment. This may include any activities you do as a family, how you approach discipline, how you experience media, how you spend free time together, balance work schedules, etc. (Feel free to use additional pages).



#### **Current and Previous Schooling information**

Did your child attend preschool?:\_\_\_\_\_ If so, where?:

**If applying for Kindergarten**, has your child completed a Kindergarten screening?

If yes, where?

Date of screening:

Please check here if your child is currently home schooled:  $\Box$ 

Previous School Name, City/State, Teacher, Grades Attended:

Contact information for most recent school attended:

Please describe your child's relationship to their schooling experience:



What do you hope your child will gain from attending The Community School?

Is there anything we have not asked about your child and/or family that would be important for us to know upon receipt of your application and in preparation for your visit?



## Will you be applying for Financial Aid?

🗆 Yes	🗆 No
- res	$\sim$ INO

Please refer to "The Community School Admissions Process and Instruction" and "Paying for The Community School" document for Financial Aid details.

#### Acknowledgement

- I recognize that this application is not a guarantee of enrollment and that all information stated in the application is accurate to the best of my knowledge.
- I grant The Community School permission to contact my child's current and/or former teacher(s) and staff of their current and/or former school(s) for further information, if needed, including current records.

Caregiver Signature:	Date
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Caregiver Signature:\_\_\_\_\_

Date:\_\_\_\_\_

Please mail this application and the \$40 fee to:

The Community School of Mount Desert Island 585 Sound Drive Mount Desert, ME 04660

All checks made out to *The Community School of Mount Desert Island*, with your child's name in the memo.

We will send you an email confirmation when we receive your application materials and to schedule a visit.

#### Thank you for your interest in The Community School of Mount Desert Island!