



APPLICATION FOR ENROLLMENT

Date: _____

Student Information:

Name: _____ Gender: M / F
(Last) (First) "Nick Name" (Middle)

Address: _____ Phone: _____
(Street) (City) (State) (ZIP)

Date of Birth: _____ Place of Birth: _____ Date of Baptism: _____

Religious Preference: _____ Parish or Church: _____

Grade Applying For: _____ (If Pre-K Full or Half Day?) School Year: _____ School District Number: _____

Parent Information:

Father's Name:

(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (ZIP)

Place of Work: _____ Position or Title: _____

Work Phone: _____ Cell phone or other: _____ Email: _____

College(s) Attended: _____ Degree(s): _____

Skills or Talents for volunteering at Cedarcrest Academy: _____

Mother's Name:

(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (ZIP)

Place of Work: _____ Position or Title: _____

Work Phone: _____ Cell phone or other: _____ Email: _____

College(s) Attended: _____ Degree(s): _____

Skills or Talents for volunteering at Cedarcrest Academy: _____

Marital Status: Married _____ Remarried _____ Divorced _____ Separated _____

Does applicant live with: Both Parents? _____ Father? _____ Mother? _____ Other? _____

General Information:

How did you hear about Cedarcrest Academy? _____

Why do you want your child to attend Cedarcrest Academy? _____

Has your child been tested as "gifted" or advanced? _____ If yes, describe: _____

Has applicant ever skipped a grade? _____ If yes, what grade? _____

Does your child have learning disabilities? _____ If yes, please explain: _____

Has applicant ever had an IEP or received special education services? _____

Has applicant ever repeated a grade? _____ If yes, what grade? _____

Has he/she had academic problems? _____ If so, what subjects? _____

Has the applicant attended other schools? _____ If so, please list information below:

<u>Name of School</u>	<u>Location</u>	<u>Grades Attended</u>	<u>Year</u>
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(Complete transcripts are required before application will be accepted for review.)

Medical Information:

Does applicant suffer from any specific health conditions we should be aware of? _____

Does applicant have any physical limitations or disabilities? _____ If so, explain: _____

Does he/she require special attention? _____

Is applicant currently taking any medication? _____ If yes, please note: _____

Has applicant ever received an evaluation from a psychologist, therapist, or counselor? _____

Please list and explain any circumstances we should be aware of regarding the applicant's physical or mental health on a separate piece of paper. (Doctor examination maybe required.)

Family Information:

Applicant's Siblings (if any):

<u>Name</u>	<u>Age</u>	<u>Schools Attending/Attended</u>
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Parent Questionnaire:

What are your child's main assets, qualities, strengths or talents? (Academic, Social, Physical and/or Moral)

Taking into consideration our philosophy, *"To teach, to educate, to form, aiming at the perfection of the whole person"*, what do you expect from Cedarcrest Academy?

How is your family involved spiritually? (i.e. do you go to church together, what is your involvement, do you pray together, etc.)

What kind of activities do you enjoy doing together as a family?

What is your vision of your child when he/she is 30 or 40 years old?

What kind of discipline/reward system do you use at home and who enforces it?

Student Questionnaire:

Please have the student answer the following questions. Students in the third grade or above should answer the questions independently using their best penmanship.

What hobbies, sports, and activities do you most enjoy outside of school?

What are some goals you have for yourself?

What is your favorite academic subject and why?

Please describe an event that has had a special impact or significance in your life.

"I hereby certify that all information on this application, and all information requested by Cedarcrest Academy for which I am responsible, is complete and accurate, and I understand that falsification or omission of information may result in disqualification or dismissal. Furthermore, I understand that all information submitted to Cedarcrest Academy is confidential and shall not be disclosed to anyone, and that the Director of Admissions or Principal may disclose, for official purposes, any information according to their discretion, including but not limited to secondary schools which the student has attended."

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Checklist for application:

- _____ Completed Application Form
- _____ Application Fee \$100.00 (Not refundable)
- _____ Book Fee \$250.00 (Refundable before July 1) K-8th only
- _____ Birth Certificate
- _____ Baptismal Certificate
- _____ School Transcripts Request Form (K – 8th only)

Please send completed application by mail to:
Cedarcrest Academy
ATTN: Admissions Committee
6950 West Fish Lake Road
Maple Grove, MN 55311

Cedarcrest Academy Use Only:

Application Received: _____ Check Number: _____ Amount: _____
Accepted: _____ Accepted on Probationary Status: _____ Not Accepted: _____

Non-Discrimination Policy:

Cedarcrest Academy admits student of any race, color, national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school administered programs.