



Application for ADMISSION

The Village School of Gaffney

Student Information

Name: _____
(Last) (First) (Middle)

Preferred Name: _____ Grade to enter: _____

Date of Birth: _____ SS#: _____

Gender: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Family Information

Father's Name: _____

Address: _____

Occupation: _____ Education: _____

Church Affiliation: _____ Home Phone: _____

Work Phone: _____ Email: _____

Mother's Name: _____

Address: _____

Occupation: _____ Education: _____

Church Affiliation: _____ Home Phone: _____

Work Phone: _____ Email: _____

Siblings:

Name	Age	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are both parents living? _____

Are parents married, divorced, separated, or remarried? _____

With whom does the child live? _____

Are there any restrictions on custody that need to be known? _____

We will volunteer to help at school as (circle choice):

Classroom aide Office aide Fundraiser Fix it

Student Academic Information

School(s) Attended:

School Name	Location	Attendance Date	Phone
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Name of most recent teacher: _____

Most recent teacher's home phone number or email address: _____

Has the student ever skipped or been held back a grade? If so, please explain: _____

Does the student have a diagnosed physical or learning disability? If so, please explain and include copies of any psychological, medical or educational evaluations that have been done: _____

Does the student have any academic difficulties? If so, please explain: _____

Has the student missed school because of any serious injuries or operations, or have any health condition that the school should be made known? _____

Has the student ever been suspended, expelled, withdrawn or asked to withdraw from a school? If so, please explain: _____

Is the student currently taking any medication? Please list names and dose frequency:

Has the student ever received any counseling or evaluation from a priest, minister or counselor? _____

Will you agree to further testing and/or tutoring as recommended by the school director?

Parent Questionnaire

Please describe what you believe to be your child's greatest strengths, talents, qualities and assets: _____

Why do you want your child to attend The Village School? Your answer should show some understanding of the uniqueness of the curriculum and the school.

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

What kind of discipline/reward system do you practice at home?

What is your greatest hope for your child?

Note: All students must be fluent in English. All kindergarten students must be five by September 30 and submit a legal birth certificate.

To better enable us to serve our school families, please supply the following information.

How did you hear about our school? Please circle one.

Friend Advertisement Teacher Other: _____

Please rate the reasons why you chose our school with one being the first and foremost reason:

Curriculum _____

Christian Environment _____

Tuition Rates _____

Other _____

Please attach or enclose any additional information that you feel will help the Admission Committee in evaluating this application.

The Village School of Gaffney does not discriminate on the basis of race, color, religion, nationality, or ethnic origin.

Signature Page

Please read and sign the following statement:

I hereby certify that all the information provided on this application and all information give to The Village School of Gaffney is accurate and complete. I understand that falsification or omission of information may result in disqualification of the applicant or subsequent dismissal from The Village School of Gaffney.

I give permission for The Village School of Gaffney to receive information about my child, _____, from previous schools and teachers. I am aware that all academic and behavioral comments will be confidential.

I also understand that all information submitted to The Village School of Gaffney is confidential and that the Admissions Committee may disclose, for official purposes only, any information received from the applicant's family.

Signature of parents:

Father: _____ Date: _____

Mother: _____ Date: _____

Assessment will be scheduled upon receipt of the following:

- ▶ Application
- ▶ \$50.00 Application Fee
- ▶ Past Report Cards
- ▶ Standardized Test Results
- ▶ Psychological and Educational Evaluations, if applicable

Please mail to:

**Admissions
The Village School of Gaffney
200 N. Limestone Street
Gaffney, South Carolina 29340
864-487-5080**