

# VILLAGE GATE CHILDREN'S ACADEMY

Application for grade \_\_\_\_\_

School Year 20\_\_ - 20\_\_

*Please Print or Type*

Student's Full Name: \_\_\_\_\_

Male  Female

Date of Birth: \_\_\_\_\_  
Month Day Year Age in September

Home Telephone: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Student's Social Security Number: \_\_\_\_\_

A Recent Photograph

Correspondence should be addressed to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Email: \_\_\_\_\_

Student lives with (check all that apply):

Mother  Stepfather  
 Father  Stepmother  
 Other(s) \_\_\_\_\_

Parents Separated  Father Deceased  
 Parents Divorced  Mother Deceased

Father's Full Name: \_\_\_\_\_

Street \_\_\_\_\_

City State Zip \_\_\_\_\_

Employer Position \_\_\_\_\_

Colleges Attended; Degrees: \_\_\_\_\_

Home Telephone Work Telephone \_\_\_\_\_

Student's Brothers and Sisters:

Name Age School \_\_\_\_\_

Name Age School \_\_\_\_\_

Name Age School \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Street \_\_\_\_\_

City State Zip \_\_\_\_\_

Employer Position \_\_\_\_\_

Colleges Attended; Degrees: \_\_\_\_\_

Home Telephone Work Telephone \_\_\_\_\_

Financial responsibility for the student's tuition will be assumed by: \_\_\_\_\_

**Maternal Grandparents:**

**Paternal Grandparents:**

Names \_\_\_\_\_

Names \_\_\_\_\_

Street \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

How did you learn about Village Gate Children’s Academy? \_\_\_\_\_

Name and relationship of relatives and/ or friends who are applying to Village Gate Children’s Academy:

\_\_\_\_\_

Student’s Present School: \_\_\_\_\_

Enrolled Since: \_\_\_\_\_ Grades Attended: \_\_\_\_\_ to \_\_\_\_\_

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

School Office Phone: \_\_\_\_\_ Teacher or Advisor: \_\_\_\_\_

Previous School	City and State	Grades Attended	Years Attended
Previous School	City and State	Grades Attended	Years Attended

Has the applicant had any form of achievement, intelligence or psychological testing done during the last three years?

Name of Test: \_\_\_\_\_ Administered By: \_\_\_\_\_

**HEALTH**

Describe the student’s general health: \_\_\_\_\_

Does he/she have any physical handicaps or allergies that would limit his/her participation in the full range of school activities?

\_\_\_\_\_

Has the student ever suffered any serious injury or illness? \_\_\_\_\_

Is the student under the care of a physician, psychiatrist or psychologist? If so, please describe briefly:

\_\_\_\_\_

Our primary goal in the admission process is to try to find the right fit between school, student and family. Please answer the following questions to help us get a better sense of your son or daughter as a unique individual and the values around which you have built your family.

What is it about Village Gate Children's Academy that appeals to you? Why do you think it would make a good choice for your son or daughter?

What are your immediate goals for your child?

Do you see your son or daughter as a fairly self-motivated and independent learner, or do you sense that he/she needs close supervision to stay on task?

What responsibilities does your son/ daughter have at this stage in his/her life around your home and neighborhood?

Describe your child's social style in terms of his/ her relationships to others (peers, adults, family) in new settings and familiar situations.

Does your child have specific interests or hobbies?

Languages spoken at home: \_\_\_\_\_

How would you describe your son or daughter's learning style?

Has your son or daughter had any previous difficulties in school? If so, what supports has you or his/her school provided?

What would else you like the Admissions Committee to know about your child?

A non-refundable fee of \$50.00 along with a copy of your child's birth certificate must accompany this application. Your application is regarded as a formal request for consideration of your son or daughter as a potential student at Village Gate Children's Academy, and as authorization to our office to obtain transcripts and recommendations from previous schools.

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### **Authorization for the Release of Records**

School \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

On behalf of my child, \_\_\_\_\_, who is presently enrolled as a student at your school, I have applied for admission to Village Gate Children's Academy beginning with the term starting \_\_\_\_\_, 20\_\_\_\_. I hereby authorize you to release a complete copy of his/her file. Please include a transcript of his/her academic record, health forms, relevant test scores, teachers' comments and observations of his/her overall development and progress.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Please forward these records to:

Bobbi Cecio, Village Gate Children's Academy, 1227 Village View Road, Encinitas, CA 92024