

Date: _____



Initial Admission Application

Student Information:

Student Full Name: _____ Date of Birth: _____

Preferred Name: _____

Mother/Guardian's Name: _____ Phone: _____

Place of Employment: _____

Email: _____

Father/Guardian's Name: _____ Phone: _____

Place of Employment: _____

Email: _____

Child lives with: _____

Do you prefer communication with both parents/caregivers? Yes No

Person financially responsible: _____

Which location do you prefer for your child's enrollment?

Creative Minds Academy (Infant-Preschool)

The Creative School at City Park (Preschool-5th Grade)

I do not have a preference for location.

How did you hear about The Creative School?

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What three words would best describe your child?

What do you see as your child's strong interests, particular strengths and talents?

In what areas would you like to see your child improve or strengthen over the course of the next year?

What is your child's general attitude towards school/educational settings/learning?
(consider prior caregiver/child care/school settings)?

Describe briefly your child's preferred activities (indoor/outdoor, special classes, hobbies, sports, etc.):

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Why do you feel The Creative School would be a good match for your child?

Are there family circumstances, medical or safety concerns you feel are important for us to know about?

Has your child ever been evaluated for learning or developmental concerns such as: speech/language/communication, occupational therapy, sensory integration, attention deficit, behavior, auditory, vision, etc.? (In order to best serve your child, we encourage you to share any evaluations, concerns/recommendations, etc.)

Prior Settings:

Name of School/Childcare arrangements: _____

Estimate of Dates Attended: _____ Phone: _____

Name of School : _____

Estimate of Dates Attended: _____ Phone: _____

Date: _____



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Participation in Programs:

Please select or circle the follow special programs in which your child has participated:

First Steps Intervention

Speech/Language

Occupational Therapy

IEP 504 Plan

Gifted/Talented

Free/Reduced Lunch

Other: _____

Does your child have any allergies? If so, please detail below:

Does your child regularly take any medication? If so, please detail dosage below:

What questions do you have for our admissions committee?

1. FIRST, download the file to your desktop.
2. NEXT, complete the form.
3. THEN, press the button below to submit form.