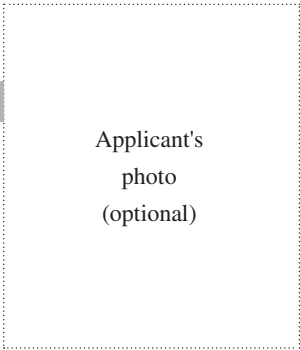




APPLICATION FOR ADMISSION



FAMILY INFORMATION

Name of applicant: _____
LAST FIRST MIDDLE

Nickname: _____ Male Female

This application is for grade: _____ for school year 20____ – 20____

Applicant's birth date: _____ Citizenship: _____

Applicant's address: _____
STREET CITY STATE ZIP HOME PHONE

Name of parent(s) or guardian (International applicants provide information about the extended family or guardian with whom the student will live and attach a separate sheet with home address and phone number of his or her natural parents.):

DR. MR. MS. MRS. PARENT'S/GUARDIAN'S NAME
 DR. MR. MS. MRS. PARENT'S/GUARDIAN'S NAME

OCCUPATION/TITLE EMPLOYER/COMPANY OCCUPATION/TITLE EMPLOYER/COMPANY

OFFICE PHONE CELL/PAGER OFFICE PHONE CELL/PAGER

E-MAIL ADDRESS (FOR OFFICIAL CWA COMMUNICATIONS) E-MAIL ADDRESS (FOR OFFICIAL CWA COMMUNICATIONS)

Please check all that apply:

- Parents married Father remarried Mother remarried
- Parents separated Father deceased Mother deceased
- Parents divorced Applicant lives with father Applicant lives with mother
- Other: _____

If the applicant does not live with both parents, please provide the name and address of the parent who does not live with the applicant:

DR. MR. MS. MRS. PARENT'S/GUARDIAN'S NAME
STREET ADDRESS

CITY STATE ZIP HOME PHONE

Do you wish to apply for need-based financial aid? Yes No (A financial aid application will be mailed to you.)

EDUCATION

School now attending/last attended: _____
SCHOOL

SCHOOL ADDRESS CITY STATE ZIP PHONE NUMBER

Teacher/Counselor who best knows the applicant: _____
NAME POSITION

TEACHER'S ADDRESS (IF NOT SCHOOL ADDRESS) CITY STATE ZIP TEACHER'S E-MAIL

An application fee is required.

For Lower School (Beginning School through Grade 5) the fee is \$80.00.
For Middle and Upper School (Grades 6-12) the fee is \$40.00.

For International Students the fee is \$200.00.

PARENT'S/GUARDIAN'S SIGNATURE DATE

(For a complete description of the Admission process, please refer to Application Procedures.)

All materials submitted in support of an Application for Admission become the property of Charles Wright Academy.

Application materials, including letters of recommendation, school reports, and the results of our admission screenings, are confidential and will not be released.



APPLICATION FOR ADMISSION

Please answer these questions completely and candidly; this information helps us determine whether Charles Wright can meet your child's needs. Please use an additional sheet of paper if necessary.

1. Has this student received any assistance in the form of special education programming (including gifted and/or talented, behavioral intervention, or English as a Second Language instruction)?
 Yes No If yes, please explain.

2. Does this student have any health irregularities, allergies, or educational challenges that might interfere with our admission evaluation or with normal classroom or physical education activities?
(This will allow us to evaluate your child appropriately. Please call us if you have questions.)
 Yes No If yes, please explain.

3. Please list other children in the family and their ages (use additional sheet if necessary):
- | | |
|-------------|----------------------|
| Name: _____ | Date of birth: _____ |
| Name: _____ | Date of birth: _____ |
| Name: _____ | Date of birth: _____ |

4. Has anyone in your family attended or graduated from Charles Wright Academy?
(Please provide names and years of attendance/graduation.)

5. (Optional) Please list schools other than Charles Wright you are considering for your daughter/son:

6. (Optional) How would you describe the applicant?
- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> African-American | <input type="checkbox"/> Native American | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Latino/Hispanic | <input type="checkbox"/> Middle Eastern | <input type="checkbox"/> Multiracial |
| <input type="checkbox"/> Asian American/Pacific Islander | <input type="checkbox"/> Other (please specify) _____ | |

Charles Wright Academy does not discriminate on the basis of race, color, sex, religion, nationality, sexual orientation, or ethnic and socioeconomic origin in the administration of its academic, admission or financial aid policies.



PARENT/GUARDIAN COMMENT FORM GRADES 1-12

(Parents of Beginning School and Kindergarten applicants please complete the form on the next page)

Applicant's Name: _____ **Applying for Grade:** _____

Charles Wright Academy offers opportunities for students to discover and fulfill their potential in both academic and extracurricular activities. We look for students who are excited about learning, who have valuable contributions to make to a diverse school environment, and who have the self-discipline necessary to thrive at Charles Wright. Parents can often provide information that is not easily available from other sources, and your candid responses will help us learn more about your child. **Please return this form with the Application for Admission. Your child's application will not be complete without it.**

1. Please describe your child's *academic* strengths and weaknesses.

2. Please describe your child's *personal* strengths and weaknesses.

3. What are the applicant's hobbies, athletic, artistic, musical, or other extracurricular interests?

4. Please tell us why you are interested in enrolling your child at Charles Wright Academy.

SIGNATURE

DATE

7723 Chambers Creek Road West • Tacoma, Washington 98467 • (253) 620-8373 • FAX (253) 620-8357



Charles
Wright
Academy

PARENT/GUARDIAN COMMENT FORM BEGINNING SCHOOL AND KINDERGARTEN

(Parents of Grade 1 through Grade 12 applicants please complete the form on the previous page)

Applicant's Name: _____ **Applying for:** _____

Our goal in the Beginning School and Kindergarten admissions evaluation is to get to know your child and to determine, as well as we can, whether Charles Wright is a good fit for him or her. The cognitive and developmental evaluations we do provide helpful information, but you know your child best. Please take some time to answer the questions below; your candid responses will help us learn more about your child. **Please return this form with the Application for Admission. Your child's application will not be complete without it.**

1. How would you describe your child?

2. How does your child relate to other children?

3. What else would you like to tell us about your child or family?

4. Please tell us why you are interested in enrolling your child at Charles Wright Academy.

SIGNATURE

DATE

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REQUEST FOR SCHOOL RECORDS

Parent of the applicant: _____

The upper portion of this form is to be completed by the parent or guardian of the applicant. The entire form is then returned to Charles Wright Academy with the Application for Admission.

Name of student: _____

Present grade: _____ School now attending/last attended: _____

SCHOOL ADDRESS CITY STATE ZIP PHONE NUMBER

I hereby give permission to the school I have listed above to release information to Charles Wright Academy, as requested below.

PARENT'S/GUARDIAN'S SIGNATURE DATE

Charles Wright Academy does not discriminate on the basis of race, color, sex, religion, nationality, sexual orientation, or ethnic and socioeconomic origin in the administration of its academic, admission or financial aid policies.

The lower portion of this form is to be completed by the Charles Wright Academy Office of Admissions. The entire form is then forwarded to the applicant's current/former school.

Office of the Registrar:

The student named above, who is currently enrolled in your school or who recently attended your school, is a candidate for admission to Charles Wright Academy for school year _____. We would appreciate **COPIES ONLY** of grade reports, standardized test scores, teacher comments, and other confidential information you feel might be helpful to us in evaluating his/her academic ability and social development.

Date requested by CWA: _____ Date returned to CWA: _____

ADMISSIONS SECRETARY

The student named above has been accepted by Charles Wright Academy and will be enrolled in _____ for school year _____. Please send us his/her permanent file (ALL ORIGINAL PAPERS AND DOCUMENTS) at your earliest convenience. Thank you.

Date requested by CWA: _____ Date returned to CWA: _____

REGISTRAR

Thank you for your assistance. Please return this original form, or a copy of it, along with the materials we have requested.

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