

GREENVILLE CLASSICAL ACADEMY

Application for Admission
(FOR NEW ENROLLMENT)
Email: office@GreenvilleClassical.com
Web address: www.GreenvilleClassical.com
Phone: 864.329.9884

Office Use Only
____/____

New Student Application *To be completed for each student by a parent/guardian*

Date of application _____ Applying for grade _____ For school year ____/____

Legal Name of Student _____
Last name First name Middle name Goes by

Street _____ City _____ State _____ Zip _____

Phone _____ Gender _____ DOB ____/____/____

Please list all of the schools your child has previously attended beginning with the most recent. Please include the FULL address of each school. If more space is needed, please provide the information on a separate sheet of paper.

School Name	School Address	Phone Number	Dates Attended From / To	Grade Completed
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Greenville Classical Academy is not staffed to teach children with significant learning disabilities or behavioral issues. We would appreciate your assistance in answering the following questions as candidly as possible. Further elaboration on your answer will take place during the family interview.

1. Does your child have any special learning needs (ADD, ADHD, dyslexia, etc.) that would require regular or special attention in a traditional classroom setting? _____

If yes, please explain _____

2. Has your child ever been referred for testing or placed in a special program? _____ If yes, please explain _____

3. Has your child ever seen or been referred to a counselor / doctor / psychiatrist for any type of social, behavioral, emotional, or mental issues? _____

If yes, briefly state the nature of the issue:

4. Has your child ever taken medication for a learning or behavioral issue? ____ If yes, please explain _____

5. Has your child ever experienced any disciplinary problems as a previous school? (i.e. Has a teacher or administrator EVER contacted you regarding you child's behavior? _____

If yes, please explain _____

6. Has your child ever repeated a grade for any reason? _____ If yes, which grade? _____

7. Please describe any physical disabilities (heart, hearing difficulties, speech impediments, asthma, etc.) and any serious illnesses,

Diseases, injuries or hospitalizations. _____

8. If there is a custody order affecting this child, check here and attach a copy.

My signature below evidences that all information on this application is true and complete to the best of my knowledge.

Printed Name

Signature

Date