



CAMBRIDGE ACADEMY APPLICATION FOR ADMISSION

Applicants are considered for admission on the basis of admission screening, previous school records and personal qualifications without regard to race, color, creed, sex, or national origin.

APPLICANT'S FULL NAME: _____ FIRST MIDDLE LAST PREFERRED NAME: _____

Birthdate: ____/____/____ MONTH DAY YEAR GENDER: M F SS#: _____ Home Phone: (____) _____

Birthplace: _____ Is the applicant a U.S. citizen: YES NO

Mailing Address: _____ STREET OR P.O. BOX CITY STATE ZIP

Present School: _____ School Address: _____ INCLUDE NAME OF PRESCHOOL IF APPLICABLE STREET OR P.O. BOX CITY STATE ZIP

Present School Phone: (____) _____ Proposed date of entrance into Cambridge Academy: _____

APPLYING FOR ADMISSION TO: (choose grade)

Cougar Cubby Playschool	<input type="checkbox"/> K3 (must be 3 by 9/1)	<input type="checkbox"/> K4 (must be 4 by 9/1)	<input type="checkbox"/> Kindergarten-K5 (must be 5 by 9/1)		
<input type="checkbox"/> Cougar Cubby Playschool - M-F Half-day	<input type="checkbox"/> K3 Half-day	<input type="checkbox"/> K4 Half-day	<input type="checkbox"/> 1st	<input type="checkbox"/> 5th	<input type="checkbox"/> 9th
	<input type="checkbox"/> K3 All-day	<input type="checkbox"/> K4 All-day	<input type="checkbox"/> 2nd	<input type="checkbox"/> 6th	<input type="checkbox"/> 10th
			<input type="checkbox"/> 3rd	<input type="checkbox"/> 7th	<input type="checkbox"/> 11th
			<input type="checkbox"/> 4th	<input type="checkbox"/> 8th	<input type="checkbox"/> 12th

Contact Information

Parent/Guardian 1

Full Name _____
 Street or P.O. Box _____
 City _____
 State _____ Zip _____
 Home Phone _____
 Cell Phone _____
 Preferred Email _____
 Place of Employment _____
 Work Phone _____
 Work Email _____

Parent/Guardian 2

Full Name _____
 Street or P.O. Box _____
 City _____
 State _____ Zip _____
 Home Phone _____
 Cell Phone _____
 Preferred Email _____
 Place of Employment _____
 Work Phone _____
 Work Email _____

Parental status: Married Separated* Divorced* Never Married*
 *Custody has been awarded to: Parent/Guardian 1 Parent/Guardian 2 Joint
 School information should be provided to Parent/Guardian 1 Parent/Guardian 2 Both

Please list the name & relationship of any family member who graduated from Cambridge Academy and the year of graduation:

How did you learn about Cambridge Academy? Please check all that apply:

- Word of Mouth
- Chamber of Commerce
- Newspaper Advertisements
- Internet search
- Billboard advertisement
- Brochure
- Social Media
- Other _____

Has the applicant ever been suspended, expelled, or withdrawn from school for any reason?

Yes No If yes, please attach full details, including name of school, year and contact person for details.

Please describe briefly any particular circumstances which have affected or may affect your child's performance or attendance in school (for example: health, learning style, frequent change of schools, withdrawal, suspension, skipped or repeated grades). Please include dates. _____

Has your child been referred for and/or undergone any evaluative testing (cognitive, academic, attention, emotional, behavior, etc.)? Please check. Yes No

If "yes," please attach a copy of the most recent testing.

Reason for testing _____

Date of Testing _____

Was tutoring/counseling recommended? Please check. Yes No

If "yes," please explain. _____

Was tutoring/counseling received? Please check. Yes No

Please explain. _____

Please describe any physical health problems of which the school should be made aware? (Include special diet, prescriptions, allergies or limitations that would otherwise impact normal school activities, etc.) _____

Please describe if the applicant has ever attended a school or program designed for students who have special academic needs or other special needs? _____



CONDITIONS AND TERMS OF AGREEMENT

1. This formal application for admission will not be considered complete until (a) the non-refundable testing fee and requested school records (including S.C. Immunization Record) are received, and (b) the admission screening is evaluated.
2. Students are admitted for one year at a time, and the school reserves the right of suspension or dismissal at any time during the school year. Any student who persistently neglects work, who fails to meet academic standards, who exercises poor citizenship, or who fails to cooperate, may be asked to withdraw from school.
3. Following admission, applicants will finalize their registration by payment of the grade level enrollment fee and by completing the enrollment contract.
4. Cambridge Academy reserves the right to determine the placement of the applicant in the grade level and subjects judged most appropriate for his/her school experience.

I, _____, understand and agree to the above conditions of admission to Cambridge Academy for _____ (parent/guardian of applicant). I give permission for _____ (name of applicant) to be tested for admission to Cambridge Academy. _____ (name of applicant)

Signature of Parent or Guardian

Date

Relation to applicant: _____

PLEASE RETURN THIS COMPLETED APPLICATION TO THE SCHOOL
VIA MAIL: Cambridge Academy | ATTN: Admissions Office | 103 Eastman Street, Greenwood, 29649
VIA EMAIL: admissions@cambridgeacademy.org
VIA FAX: 864-229-6712