

APPLICATION FOR ADMISSION

2010 - 2011 School Year

Elementary Grades
Students 6-13 years of age

Date: _____, 20____

STUDENT INFORMATION

Full Name _____ Nickname _____

Gender M or F (circle one)

S.S.# _____ - _____ - _____

Date of Birth _____

Student's Current Grade _____

Age September 1st, 2010 Yrs. _____ Mos. _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name _____ Parent/Guardian Name _____

Mailing Address _____ Mailing Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Telephone # _____ Telephone # _____

Cell # _____ Cell # _____

Email _____ Email _____

Occupation _____ Occupation _____

Job Title _____ Job Title _____

Employed by _____ Employed by _____

Business Address _____ Business Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Business Phone _____ Business Phone _____

Are both parents living? _____ Are parents separated/divorced? _____

With whom does the child live? _____ Who is the custodial parent? _____

Teton Valley Community School

Please describe circumstances regarding applicant's family with regards to the four previous questions (i.e., step-parents, rotating schedule, visitations, etc.)

How did you find out about the Teton Valley Community School?

FAMILY INFORMATION

Brothers and Sisters in the family. Please list names, ages, and present schools of applicant's sibling(s):

Name	Age	Present School
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

GUIDANCE INFORMATION

List the last two schools the applicant has attended—including the complete address of each school.

School	Mailing Address	City, State, Zip	Telephone	Grades completed
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

School	Mailing Address	City, State, Zip	Telephone	Grades completed
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

Has the applicant student ever skipped a grade? Yes ___ No___ Which grades?_____

Has the applicant student ever repeated a grade? Yes___ No___ Which grades?_____

Has the applicant ever received counseling? Yes___ No___ If yes, please share information about the counseling to help us better understand your child's needs:

Teton Valley Community School

Has the applicant been individually tested or diagnosed with learning and/or emotional disabilities?

Yes___ No___ Please specify:

Does the applicant currently receive tutoring services or participate in programs designed to help with diagnosed disabilities? Please explain:

Is there any reason why the applicant should not take part in TVCS programs that require physical activity? Yes___ No___ If yes, please explain:

Please share any additional information regarding special health concerns, emotional or physical needs the applicant may have: _____

Has applicant ever received disciplinary censure at school or from the community? Yes___ No___

Has applicant ever been suspended, expelled, asked to withdraw or been withdrawn from school?

Yes___ No___ If yes to either of the above, please explain: _____

STUDENT INTERESTS & ACTIVITIES

Describe student applicant's present interests and activities. Any of the following may be included: Hobbies, athletics, music, visual or performing arts, community projects, travel, reading, etc.

Please describe what you perceive to be your child's greatest strengths—consider all of his/her "intelligences." _____

Please describe what you perceive to be challenges for your child?

PARENT STATEMENT

Please indicate why your family is applying to an independent school for the student applicant?

Please write a paragraph articulating what you as parent(s) or guardian(s) hope the student applicant will gain from a TVCS education. _____

Teton Valley Community School

We are a community-based school where parental involvement is integral to the school's success.

What talents, training or interests would your family bring to TVCS?

STUDENT STATEMENT (11 and 12 year olds only)

Please write a paragraph about what you hope to gain from a TVCS education.

Statement of Commitment

I have read the Teton Valley Community School's philosophy and mission. I agree to support the school in carrying out these goals and understand that our participation is essential. I understand that the cost of a Teton Valley Community School education exceeds the actual tuition cost, and I understand that my help is expected with fundraising and other activities that benefit the school and its programs. I grant the Teton Valley Community School permission to use photographs of the student that are educational in nature to promote the mission and programs of The Teton Valley Community School in both print and electronic media. I acknowledge that if I have misrepresented the truth in any way in or during the application process, this agreement becomes immediately null and void. This signature allows the Teton Valley Community School to access all student transcripts from previous schools or educational programs.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Student Signature _____

TVCS reserves the right to request additional screening measures &/or references for any given applicant.

Please attach a \$35.00 non-refundable application fee made out to: Teton Valley Community School

The check must be received with this form in order for your application to be processed

Completed applications may be mailed to TVCS, P.O. Box 708, Victor, ID, 83455