



Teton Valley Community School

Where learning comes to life.

APPLICATION FOR ADMISSION Center for Early Learners ♦ Students 3-6 years of age

Date: _____, 20_____

STUDENT INFORMATION

Full Name _____ Nickname _____

Gender M or F (circle one)

Date of Birth _____

Age on September 1st for year of which you are applying: 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 _____

Employed by _____ Employed by _____

Business Address _____ Business Address _____

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

Business Phone _____ Business Phone _____

Are parents separated or divorced? _____ If yes, who has legal custody? _____

With whom does the child live? _____

Other circumstances regarding applicant's family (i.e., stepmother, stepfather, guardian, 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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In order to keep grandparents of our students informed about school activities, please name living grandparents and addresses below. They will receive school publications, invitations to events, etc.

Grandparent Names _____	Grandparent Names _____
Mailing Address _____	Mailing Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Email _____	Email _____

GUIDANCE INFORMATION

List the last school or childcare providers the applicant has attended—including the complete address of school.

School/Provider	Mailing Address	City, State, Zip	Telephone

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:

Has the applicant been individually tested or diagnosed with learning and/or emotional disabilities? Yes___ No___ Please specify:

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:

STUDENT INTERESTS & ACTIVITIES

Describe student applicant's present interests and activities.

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?

Describe any fears, behaviors or situations, which might upset your child.

How do you effectively comfort your child?

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Do you have suggestions for how we (TVCS & you, as parents) may ease your child's transition into our program?

Are there foods that your child is allergic to or for which he/she has intolerances? Please describe the nature of the allergy/intolerance & symptoms your child may present upon contact with or ingestion of such foods.

Does your child have diabetes or any other health concerns that are directly affected by food? Please explain how these conditions are managed and any other information of which we should be aware.

Does your child have other allergies, i.e. airborne pollens, pet dander, dust mites, etc.? Please explain if he/she requires medication to control the allergies?

Does your child need assistance when using the toilet?

Please use this additional space to further elaborate on a specific question or other matter related to the care and education of your child.

PARENT STATEMENT

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

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

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?

Through what grade do you anticipate enrolling your child at TVCS? _____

For 3-4 year old students, which program would you prefer? (Please list 1st, 2nd, and 3rd choice)

- _____ 2 Day Program (Tuesday / Thursday)
- _____ 3 Day Program (Monday / Wednesday / Friday)
- _____ 5 Day Program (Monday – Friday)

TVCS will try to accommodate your preferences but cannot guarantee your 1st choice

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RE-ENROLLMENT REQUIREMENTS

In an effort to provide a quality early childhood choice to parents who want an independent school setting for Early Learning *only* and to parents who want their children to continue through Elementary, we have approximately twice as many Early Learning students as we have space for in subsequent grades. All TVCS' Early Learners must re-apply for admission to TVCS 1st grade. In the event that we have more Kindergarteners who want to continue to 1st grade than we have available openings, we will use priority factors to make enrollment decisions.

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

Notice of Nondiscrimination Policy

The Teton Valley Community School is a non-profit, independent school that does not discriminate on the basis of race, religion, sex or national origin in its admission policies, educational programs, school activities or employment practices.