



COMMONWEALTH
ACADEMY

Empower the child. Empower the Mind.

Please attach a recent
photograph
of applicant here.

Before submitting this application, please be sure both you and your child have met with the Head of School or Admission Director and note the date of the meeting(s) below.

Name of Applicant _____

Application Date _____

Desired Start Date _____

Entering Grade _____

Date of Parent Meeting with Admissions _____

Date of Student Meeting with Admissions _____

VAIS Accredited.

1321 Leslie Avenue • Alexandria, VA 22301
703.548.6912 • 703.548.6914 (fax)
www.CommonwealthAcademy.org

Applicant Information

Name (FIRST, MIDDLE, LAST) _____
Preferred Name or Nickname _____ Social Security Number _____
Address _____
City _____ State _____ Zip Code _____
Birth Date _____ Age _____ Place of Birth _____
Primary Language Spoken (IF OTHER THAN ENGLISH) _____

Family Information

PARENT / GUARDIAN

Name (TITLE, FIRST, MIDDLE, LAST) _____ Birth Date _____
Address (IF DIFFERENT FROM STUDENT) _____
City _____ State _____ Zip Code _____
Education (LEVEL COMPLETED & DEGREES HELD) _____
Employer _____ Position/Title _____
Work Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Work Phone _____
Cell Phone _____ Fax _____
E-mail Address _____

PARENT / GUARDIAN

Name (TITLE, FIRST, MIDDLE, LAST) _____ Birth Date _____
Address (IF DIFFERENT FROM STUDENT) _____
City _____ State _____ Zip Code _____
Education (LEVEL COMPLETED & DEGREES HELD) _____
Employer _____ Position/Title _____
Work Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Work Phone _____
Cell Phone _____ Fax _____
E-mail Address _____

HOME ENVIRONMENT

Parents Marital Status (CHECK ALL THAT APPLY)

- MARRIED
- DIVORCED
- SEPARATED
- FATHER REMARRIED
- MOTHER REMARRIED

Name of Step-Parents _____

NAMES OF SIBLING	DATE OF BIRTH	SCHOOL ATTENDING

School History

School applicant is currently attending _____

Dates of Attendance _____ Grade(s) _____

If the applicant is not currently attending school, please state reason, dates & school last attended.

Please list other schools attended by applicant in last five (5) years.

DATE	SCHOOL	ADDRESS

Has the applicant ever been suspended or expelled? YES NO

If yes, please state the reason. _____

Has the applicant ever repeated a grade? YES NO

If yes, what grade(s) were repeated? _____

Financial Contact

Responsible Party _____ SSN # _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Medical Information

Primary Care Physician _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Applicant's Height _____ Weight _____

Please list any pre-existing medical conditions. _____

Does the applicant have any limitations preventing full participation in school activities? YES NO

If yes, please explain. _____

Is the applicant taking any medication? YES NO

If yes, please list all medications, the condition the medication is treating, and the provider who prescribed the medication.

MEDICATION	CONDITION	PRESCRIBING PROVIDER
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any diagnosis of learning disabilities that the applicant has, including dates and names of provider.

DIAGNOSIS	DATES OF SERVICE	NAME OF PROVIDER
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has the applicant ever had an IEP? YES NO

DATE OF MOST RECENT IEP	DIAGNOSIS	SCHOOL DISTRICT
_____	_____	_____

Does the applicant have a history of behavioral difficulty? YES NO

If yes, please list history of difficulties and describe. _____

Has the applicant ever used drugs or alcohol? YES NO

If yes, please explain. _____

Has the applicant ever been under the care of a psychiatrist, psychologist, counselor or therapist?

YES NO

If yes, please list name of provider, dates of service and reason.

NAME OF PROVIDER	DATES OF SERVICE	REASON
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian Statement

Please answer the following questions so that we may get a parental perspective of the strengths and needs of your child. **Feel free to attach additional sheets of paper if you require additional space.**

1. Write a brief description of your child.

2. What are your child's chief strengths?

3. What do you perceive to be your child's area of greatest need?

4. Write a brief description of how your child deals with stressful situations at school.

5. In what ways do you expect Commonwealth Academy to help your child?

6. What are your child's hobbies and interests?

7. What do you see your child doing after high school?

8. Please provide any supplemental information which may be helpful to the Admissions Committee.

Application Statement

Please read the following information carefully before signing and acknowledging the contents of the application and Commonwealth Academy's Admission policies.

If your child has experienced either organically or emotionally based problems that have necessitated the use of medication or therapeutic intervention, it is imperative that this be indicated and described at the time of application (see section entitled "Medical History"). This information allows us to address your child's needs more effectively.

Please enclose a non-refundable application fee of \$100 (United States currency only). Checks should be made payable to Commonwealth Academy.

Upon acceptance of the applicant, a non-refundable deposit of \$1,500 will be requested, and this deposit will be deducted from the first tuition billing. Tuition is payable in two installments: June 1 and Dec. 1.

I/We hereby make application to Commonwealth Academy for my child and authorize Commonwealth Academy to obtain additional information relevant to this application from my son's/daughter's current schools, doctors, consultants, and specialists. I/We understand the school will keep this information confidential. The information in this application is complete and accurate to the best of my/our knowledge. I/We understand that any incomplete or misleading information provided for purposes of admission may lead to a rejection of this application or, in the event of acceptance, a subsequent dismissal.

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____

Commonwealth Academy does not discriminate based on race, color, religion, or national origin in student admissions, student aid, or any other opportunity or benefit for students, nor in hiring and employment practices.

