



Country Lane CLASSROOM

Application for Admission 2023 – 2024 School year

Please return your completed form with a \$50 non-refundable application fee. Checks should be made payable to Country Lane Classroom.

Please indicate the program(s) for which you are applying:

Kindergarten

Grade 1-8

Please indicate the grade your student will be entering: _____

Student Information

Name: Last _____ First _____ MI _____

Preferred Name: _____

Date of Birth: _____ Gender: M F

Street Address: _____

City: _____ State: _____ Zip Code: _____

Family Information

First Parent/Guardian

Name: Last _____ First _____ MI _____

Relationship to student: _____

Address (Please check if same as student):

Street: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Occupation: _____

Email: _____ Work Phone: _____

Second Parent/Guardian

Name: Last _____ First _____ MI _____

Relationship to student: _____

Address (*Please check if same as student*):

Street: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Occupation: _____

Email: _____ Work Phone: _____

Emergency Contact Information

In case of emergency, please list two people we can contact *other than parents/guardians* listed above. These individuals will also have permission to pick up your child from school.

Primary Contact

Name: Last _____ First _____

Relationship: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Secondary Contact

Name: Last _____ First _____

Relationship: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Does your child have a medical condition for which he/she needs to take medication? Yes No

If yes, please describe _____

Application Questions

1. How did you hear about *Country Lane Classroom*? What prompted you to apply?

2. Briefly describe your child's school history.

3. What are your child's special interests, talents, activities, and hobbies?

4. What are your child's greatest strengths?

5. In what areas do you hope to see your child make improvements?

6. What is your child's attitude toward school and learning?

I certify that the above information is true and accurate.

Parent Signature _____ Date _____

Date Rec'd _____ Date Assess _____ Admit _____