

# CHELAN VALLEY INDEPENDENT SCHOOL

*Student Application  
For Middle School Admission*

Applicant's Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Student's Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Applying to Grade \_\_\_\_\_

***Student Information***

Applicant's Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Student's Address \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place \_\_\_\_\_ Citizenship \_\_\_\_\_

Home Phone \_\_\_\_\_ Entering Grade \_\_\_\_\_ School Year \_\_\_\_\_

***Parent Information***

**Parent #1** \_\_\_\_\_ **Parent #2** \_\_\_\_\_

Spouse (If not child's mother/father) \_\_\_\_\_ Spouse (If not child's mother/father) \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City/Zip \_\_\_\_\_ City/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employed By \_\_\_\_\_ Employed By \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Other No. (e-mail, cell) \_\_\_\_\_ Other No. (e-mail, cell) \_\_\_\_\_

\_\_\_\_\_

Check if appropriate:

Parents Married	Parents Divorced	Parents Separated	Father Remarried	Mother Remarried	Father Deceased	Mother Deceased
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Person(s) with whom child resides: \_\_\_\_\_

Address \_\_\_\_\_

Would you like duplicate mailings and listing in the school directory? Yes \_\_\_\_\_ No \_\_\_\_\_

Home culture/ethnicity) \_\_\_\_\_

Applicant's brothers and sisters:

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Previous schools and grade completed:

School	Address	City	State/Zip	Phone	Grade
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School	Address	City	State/Zip	Phone	Grade
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School	Address	City	State/Zip	Phone	Grade
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How did you learn about Chelan Valley Independent School? \_\_\_\_\_

\_\_\_\_\_

Do you wish to apply for financial assistance?     Yes     No

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**This application must be accompanied by a \$35.00 non-refundable registration fee.**

## *Parent/Guardian Statement*

Please comment on the following questions:

1. Please describe your child's personality at home, including his/her relationships with friends and adults.
2. Please describe your child's attitude toward school and learning, group participation, and emotional development (or emotional maturity).
3. Please describe special talents, interests, strengths, and experiences.
4. Please share your goals for your child during the coming years.
5. Please describe any additional information that may help the school understand your child's needs (for example, any medical, physical or unusual conditions).

**Founded in 1992 as Chelan Valley Independent School, a Washington State approved nonprofit education organization**

**It is the policy of Chelan Valley Independent School not discriminate against any person on the basis of sex, race, color, creed, physical ability, religion or national origin.**