



PO Box 1330 / 216 N Emerson Chelan, WA. 98816 - Ph. 509 682 2020 - www.cvis.org

***Student Application
For K-5th Grade Admission***

Student's Name _____ Male _____ Female _____

Student's Address _____

Date of Birth _____ Applying to Grade _____

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

Student Information

Applicant's Name _____ Male _____ Female _____

Student's Address _____

Age _____ Date of Birth _____ Place _____

Home Phone _____ Entering Grade _____

Parent Information

Parent _____

Parent _____

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 _____

Cell Phone _____

Cell Phone _____

Occupation _____

Occupation _____

Employed By _____

Employed By _____

Email _____

Email _____

Check all that apply:

Parents
Married

Parents
Divorced

Parents
Separated

Father
Remarried

Mother
Remarried

Father
Deceased

Mother
Deceased

Person(s) with whom child resides: _____

Address _____

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

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 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).

Parent/Guardian Signature_____ Date_____

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Founded in 1992 as Lake Chelan Valley School; Chelan Valley Independent School is a Washington State approved nonprofit education organization

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