



Common Sense Education
in Uncommon Times



Application for Enrollment

Child Information

Date _____

Child's Name _____ Currently Enrolled in _____

Birth Date _____ Gender _____ Current Age _____ Current Grade _____

Sibling 1 _____ Birth Date _____ Current Age _____

Sibling 2 _____ Birth Date _____ Current Age _____

About Your Child

Briefly describe your child

Are there any learning or developmental concerns you want us to know about? _____

Has your child ever had an IEP? Yes _____ No _____ Date of last IEP _____

For Office Use Only

Application _____ Family Interview _____ Acceptance _____ Enrollment _____

Application for Enrollment

Household A

Parent 1 Name _____

Cell Phone _____

Email _____

Address _____

City, Zip _____

Household B

Parent 1 Name _____

Cell Phone _____

Email _____

Address _____

City, Zip _____

Parent 2 Name _____

Cell Phone _____

Email _____

Address _____

City, Zip _____

Parent 2 Name _____

Cell Phone _____

Email _____

Address _____

City, Zip _____

Remarks

How did you hear about us? _____

What other schools are you applying to? _____

What interests you most about Caulbridge School? _____

Is there anything else you would like us to know? _____

We look forward to having your family join us!