



For Office Use Only: _____
Date of admission: _____
Deposit Received: _____
Monthly Payment: _____

Davis Community School Application Form

Child's Full Name _____ Date of Birth ____/____/____

They are usually called: _____ Gender: _____

Parent/Guardian _____ Home address: _____ _____ _____ Primary Phone Number (____) ____--_____ Secondary Phone Number (____) ____--_____ Additional Phone Number (____) ____--_____ Email: _____ _____ Place of employment _____	Parent/Guardian _____ Home address: _____ _____ _____ Primary Phone Number (____) ____--_____ Secondary Phone Number (____) ____--_____ Additional Phone Number (____) ____--_____ Email: _____ _____ Place of employment _____
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Does your child have any medical conditions, past or existing illness or injury of which we should be aware?
 ___ YES ___ No

If yes, please explain _____

Please describe, if applicable, any developmental, emotional, or educational needs your child may have:

What languages are spoken at home? _____

Describe your child's speech/language development: _____

Describe your child's motor/physical development: _____

Are there any significant factors or events which have affected your child's life? Please describe:

Are there any family circumstances or additional information that you feel is important for us to know?

What interests does your child have? How does she/he learn best? _____

Describe your child's peer relationships _____

Describe your child's relationships with adults _____

Why did you choose Davis Community School? How do you hope our school will benefit your child? _____

The following people are authorized to pick up my child:

Name: _____ Phone number (____) ____ -- _____

Name: _____ Phone number (____) ____ -- _____

Name: _____ Phone number (____) ____ -- _____

Please attach:

_____ Two teacher letters of recommendation.

_____ Submit a copy of your child's immunization record.

_____ Include copies of report cards from previous elementary schools.

- I give my permission for Davis Community School to use photos of my child on the private, password protected, preschool blog and/or for marketing purposes. I understand that my child's name will NEVER be attached to his/her photo or used in any way.

Yes _____ I grant permission.

No _____ I do not grant permission and understand that my child will not be pictured on the password protected school blog.

Parent/Guardian Signature

Date: _____

Printed Name