



For Office Use Only:	_____
Date of admission:	_____
Deposit Received:	_____
Tuition 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 _____
--	--

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 of which we should be aware?

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.

Davis Community School makes admission decisions based on multiple factors as we seek to provide a balance of children in each classroom.

Upon notification of acceptance you will be sent an enrollment and financial agreement. If you wish to accept the space, please sign and return the agreement along with a \$500 non refundable deposit. This deposit will be credited toward annual tuition. Your spot is not reserved until payment has been received.

Parent/Guardian Signature

Date: _____

Printed Name