



CENTREVILLE LAYTON SCHOOL APPLICATION FOR ADMISSION PREK - GRADE 6

A

6201 Kennett Pike • Centreville, DE 19807 • (302) 571-0230 • F (302) 571-0730

APPLICANT INFORMATION

Date of Application ____ / ____ / ____

Child's Full Name _____ Preferred First Name _____

☐ Male ☐ Female Date of Birth ____/____/____ Age ____

Applying to Grade _____ Applying for School Year _____ to _____

Home Phone: _____

Applicant lives with: ☐ Parents ☐ Mother ☐ Father ☐ Other: _____

Legal Custody: ☐ Parents ☐ Mother ☐ Father ☐ Other: _____

☐ Adopted at Age: _____

Is Applicant: ☐ Right Handed ☐ Left Handed

How did you hear about our school? ☐ Friend ☐ Event ☐ Newspaper/Magazine ☐ Internet ☐ Other _____

Specifically, what event, ad, person, or website: _____

PARENT/GUARDIAN INFORMATION

FATHER or GUARDIAN #1

MOTHER or GUARDIAN #2

Name

Nickname

Home Address

City, State, Zip

Home Phone

E-mail

EMPLOYMENT

Employer

Type of Business

Title/Position

Business Address

Work Telephone

Preferred Contact

EDUCATION

High School

Colleges

Highest Degree

Community
Activities

FAMILY INFORMATION

Please check ☐ if applicant is only child

Applicant's Siblings	Name	Age	Current School	Difficulties
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GRANDPARENTS' NAMES AND ADDRESSES

Paternal _____

Maternal _____

ACADEMIC INFORMATION

Current School _____ Date of Entry _____

School District _____

School Address _____

School Telephone _____

Other Schools Attended _____ Grade(s) _____ Year(s) _____ to _____

_____ Grade(s) _____ Year(s) _____ to _____

_____ Grade(s) _____ Year(s) _____ to _____

☐ Has your child repeated a grade? ☐ At your request? ☐ At teacher's request? Grade: _____

☐ Has your child been in a resource room? ☐ Has your child received tutoring?

Subjects and Reason: _____

☐ Does your child have a formal diagnosis? List Diagnosis: _____

Has your child received any of the following:

☐ Educational Testing Evaluation Date: _____ Administered by: _____

☐ Occupational Therapy Therapist's Name and Phone: _____

Reason for Therapy: _____

☐ Speech or Language Therapy Therapist's Name and Phone: _____

Reason for Therapy: _____

Developmental Milestones: _____

If your child received counseling for any reason, list all Therapists/Counselors starting with the most recent.

<i>Name</i>	<i>Phone</i>	<i>Time Period</i>	<i>Permission to Contact</i>

MEDICAL INFORMATION

Describe any significant medical incidents in your child's life. Include age, length of incident, and a description:

A non-refundable \$75 fee must accompany this application.

Please make checks payable to Centreville Layton School.

This preliminary application is merely a statement of intent, not an enrollment contract.

A formal enrollment contract must be signed after the applicant
has been accepted for admission.

Centreville Layton School seeks and admits students without regard to race, color, creed, sex or
national or religious origin. Centreville Layton School does not discriminate in its administration of policies or programs.

Signature of Parent or Guardian _____ Date _____

Signature of Parent or Guardian _____ Date _____



CENTREVILLE LAYTON SCHOOL PARENT/GUARDIAN QUESTIONNAIRE PREK-GRADE 6

B

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Please answer the following questions candidly. This information will be invaluable in better understanding and better serving your child. We will discuss these items further during the parent interview, which will be scheduled after the admission paperwork is complete.

Parent/Guardian Name _____ Date _____

1. When were school-related or learning-related problems first detected? What signs were noted and by whom?
2. Were any formal diagnoses made (age/grade) and by whom? If there was a formal diagnosis, what diagnostic labels were used?
3. At what age were interventions implemented, and were the interventions successful?
4. Please indicate three academic or social areas that you identify as needing additional support.
5. What is your primary goal of supportive elementary education for your child?
6. Please provide any other information you think would help us understand your child's strengths and challenges (use additional paper if needed).



CENTREVILLE LAYTON SCHOOL TEACHER RECOMMENDATION PREK – GRADE 6

C

Instructions to the guardian(s): Please give this form to your child's current teacher, along with form a stamped envelope addressed to:

Centreville Layton School
Centreville, DE 19807
ATT: ADMISSION

PERMISSION FOR SCHOOL TO RELEASE INFORMATION

Name of Applicant _____ Applying to Grade _____

We give permission for you to release the information on this form to Centreville Layton School. We understand that as guardians we will not have access to this confidential information and that it will not become part of our child's permanent record.

Date _____ Signatures of
Both Parents/Guardians _____

TO THE TEACHER:

Thank you for completing this form. The applicant is seeking admission to Centreville Layton School, an independent school for children who learn differently. **An honest estimate of the applicant is vital to our admission process and to the success of the candidate. This information is confidential, and cannot be released to anyone.**

If you wish to discuss this student personally rather than complete this form, please check here ☐, sign, and note your telephone number at the end of this form. The admission director at Centreville Layton School will contact you.

	Always	Usually	Sometimes	Never	Not Applicable
Exhibits curiosity					
Is neat and careful in doing work					
Completes homework when assigned					
Enjoys participating in class					
Is eager to learn					
Follows directions					
Transitions to tasks/activities well					
Seeks extra help when needed					
Keeps materials organized					
Demonstrates age appropriate academic learning behaviors					
Cooperates with adults					
Works well with others					
Is respectful to peers					
Respects differences					
Is able to attend to instruction					
Responds to redirection					
Uses technology appropriately					

1. Are there any particular strengths or weaknesses you have observed which could help us understand this candidate better (academically or personally)?
2. Are there any behavioral/social concerns that you are aware of?
3. What words can you use to describe this student?
4. What current accommodations do you implement for this student in your classroom?
5. Evaluate the applicant in the following areas:

		Performance below grade level	Performance consistent with grade level	Performance above grade level
Language	Receptive			
	Expressive			
Reading	Decoding			
	Word reading (isolated)			
	Reading comprehension			
	Frequency			
Listening	Listening comprehension			
	Following directions			
Writing	Handwriting			
	Speed			
	Grammar			
	Composition			
Math	Composition			
	Abstract reasoning			
	Problem solving			
Motor Skills	Fine			
	Gross			

Evaluator's Signature _____ Title _____ Date _____

Printed Name _____ Phone _____

School Name and Address _____

Thank you for your input. Please send directly to: CENTREVILLE LAYTON SCHOOL
6201 Kennett Pike
Centreville, DE 19807
ATT: ADMISSION



D

PARENTAL/GUARDIAN CONSENT FOR STUDENT OBSERVATION

Student: _____ Today's Date: _____

Current School: _____

- ☐ As the guardian(s) of _____ I/we give permission for Centreville Layton School to share all documentation, testing, and reports submitted as part of the application process with relevant staff.
- ☐ As the guardian(s) of _____ I/we give permission for Centreville Layton School to conduct an observation of our child in their current school setting as part of the application process. Information collected as part of this observation will be shared with relevant school staff.

_____ Signature	_____ Date	_____ Phone Number
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_____ Signature	_____ Date	_____ Phone Number
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