



# CENTREVILLE LAYTON SCHOOL APPLICATION FOR ADMISSION SUMMER PROGRAM 2022

6201 Kennett Pike • Centreville, DE 19807 • 302.571.0230 • F 302.571.0270 • centrevillelayton.org

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### APPLICANT AND PARENT/GUARDIAN 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 \_\_\_\_\_

#### FATHER or GUARDIAN #1

#### MOTHER or GUARDIAN #2

Name \_\_\_\_\_

\_\_\_\_\_

Nickname \_\_\_\_\_

\_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

City, State, Zip \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_

\_\_\_\_\_

Cell Phone \_\_\_\_\_

\_\_\_\_\_

E-mail \_\_\_\_\_

\_\_\_\_\_

Employer \_\_\_\_\_

\_\_\_\_\_

Type of Business \_\_\_\_\_

\_\_\_\_\_

Title/Position \_\_\_\_\_

\_\_\_\_\_

Business Address \_\_\_\_\_

\_\_\_\_\_

Work Telephone \_\_\_\_\_

\_\_\_\_\_

Preferred Method  
of Contact \_\_\_\_\_

\_\_\_\_\_

### EDUCATION

High School \_\_\_\_\_

\_\_\_\_\_

Colleges \_\_\_\_\_

\_\_\_\_\_

Highest Degree \_\_\_\_\_

\_\_\_\_\_



**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?  No  Yes  At your request?  At teacher's request? Grade: \_\_\_\_\_

Is Applicant:  Right Handed  Left Handed

Has your child been in a resource room?  Yes  No Has your child received tutoring?  Yes  No

Subjects and Reason: \_\_\_\_\_

Educational Testing Evaluation Date: \_\_\_\_\_ Administered by: \_\_\_\_\_

Neurological Testing Evaluation Date: \_\_\_\_\_ Administered by: \_\_\_\_\_

Does your child have a formal diagnosis? Yes \_\_\_\_ No \_\_\_\_ Diagnosis: \_\_\_\_\_

IEP or  504 Plan Recent Implementation Date: \_\_\_\_\_

Occupational Therapy Evaluation Therapist's Name and Phone: \_\_\_\_\_

Reason for Therapy/Frequency: \_\_\_\_\_

Speech or Language Therapy Evaluation Therapist's Name and Phone: \_\_\_\_\_

Reason for Therapy/Frequency: \_\_\_\_\_

Did your child achieve their age appropriate developmental milestone? Yes \_\_\_\_ No \_\_\_\_

If no, please describe: \_\_\_\_\_

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>

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**PARENT SIGNATURES**

- ❖ I grant permission to Centreville Layton School to share all admissions documentation, testing, and reports submitted as part of the application process with the Admissions Committees and relevant staff.
- ❖ I grant permission to Centreville Layton School to conduct an observation of our child in their current school setting as part of the application process.

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

Please make checks payable to Centreville Layton School.

**I (we) affirm to the best of my (our) knowledge the above information is complete and accurate. I (we) understand and accept that falsification or deception in any aspect of the application process may result in an immediate review and possible revocation of admission.**

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

*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 is a non-profit, nonsectarian, nondiscriminatory organization founded in 1974 and incorporated in 1978. We accept students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities available to students at this school. We do not discriminate on the basis of race, color, gender, creed, or national or ethnic origin in the administration of our education, admissions, financial support, athletic or other programs administered by the school.

## UPPER SCHOOL TUITION BREAK DOWN

Please indicate below the program your child is being enrolled in. Upon acceptance you will receive a contract based on your choices. If more information is needed our summer program director will contact you.

Program Options	Tuition
<input type="checkbox"/> <p><b>Academic Morning Program</b>  <b>Reading   Writing   Math</b>                      8:30am – 12:30pm                      This includes therapy if deemed necessary</p>	<p>\$2,750.00</p>
<p><b>One-On-One Instruction</b>                      All course times will be between 8:30am – 12:30pm. Specific times will be available in May. Courses below will run for 50 minutes each day for a total of 24 course sessions.</p>	
<input type="checkbox"/> Reading	<p>\$975.00</p>
<input type="checkbox"/> Writing	<p>\$975.00</p>
<input type="checkbox"/> Math	<p>\$975.00</p>
<input type="checkbox"/> Language Therapy, Occupational Therapy, and Reading Specialist support available for those who are interested and qualify.	<p>\$30.00/half-hour session</p>