



APPLICATION FOR ADMISSION

CHILDREN'S SCHOOL

Pre-Kindergarten

Half and Full Day

**Office of Admission
The Colorado Springs School**

21 Broadmoor Avenue
Colorado Springs, CO 80906
(719) 434-3512

www.css.org

admission@css.org



APPLICATION PROCEDURE

The Colorado Springs School recognizes that many students can benefit from the experience we provide and in turn add a great deal to the school community. The admission procedure attempts to identify these individuals. Students with a variety of talents, interests, and abilities are enrolled. A student with strong personal qualifications, potential for future college study, and a supportive family to guide and encourage him or her generally is admitted.

Attached are the forms you will need to complete an application to The Colorado Springs School. Students whose applications are received and files are completed by March 1 will be given priority consideration by the Admission Committee. Applications received after March 1 will be reviewed as soon as the candidate's file is complete.

CHECKLIST FOR THE APPLICATION PROCESS

PART 1:

- 1. Applicant and Parent Information
- 2. Parent/Guardian Statement
- 3. \$50 non-refundable application fee.

PART 2:

- 4. Teacher Recommendation or Parent Evaluation
- 5. Student Visit

Your application is complete when application fee and all materials are received, and you have had an on-campus interview.

Please mail all admission materials to:

**Office of Admission
The Colorado Springs School
21 Broadmoor Avenue
Colorado Springs, CO 80906**

If you need financial assistance to enable your child or children to attend The Colorado Springs School, please contact the Director of Admission and Financial Assistance.

STATEMENT OF POLICY

The Colorado Springs School admits students of any race, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate in the administration of its educational policies, admission policies, scholarship or loan programs, and athletic and other school-administered programs.



PART 1

PARENT AND APPLICANT SIGNATURES

I (we) affirm that the information provided in this application is true and correct to the best of my (our) knowledge. Further, 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 to The Colorado Springs School.

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date



APPLICANT AND PARENT INFORMATION

Application for admission for the academic year beginning August, _____
year

Applying for PK: Half _____
Full _____

Date of Application _____
month date year

Applicant's Name _____
First Middle Last Nickname

Home Address _____
Street City/State Zip

Home Telephone _____ Student E-mail _____

Male Female Birthdate: _____
month date year Age: _____

Present Preschool (if applicable) _____

School Address _____
Street City State Zip

School Telephone _____ Years Attended: _____
Area Code/Phone Number

First Parent/Guardian's Full Name _____
First Middle Last

Home Address (if different from applicant's home address)

Street City/State Zip

Home Telephone _____ Primary E-mail _____

Cell Telephone _____ Secondary E-mail _____

Employer _____ Business Telephone _____

Profession _____

Second Parent/Guardian's Full Name _____
First Middle Last

Home Address (if different from applicant's home address)

Street City/State Zip

Home Telephone _____ Primary E-mail _____

Cell Telephone _____ Secondary E-mail _____

Employer _____ Business Telephone _____

Profession _____

Name of Parent(s) or Guardian(s) _____
(To whom school communications and charges are to be sent)

Parents Marital Status: Single Married Separated Divorced Parent(s) Deceased

Applicant's Siblings:

Name	Birthdate	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Relatives and/or friends who have attended or have been affiliated with The Colorado Springs School:

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

Describe your child's greatest assets/strengths and areas which need improvement.

Strengths:

Areas for improvement:

Describe any learning or emotional difficulties that might affect your child's full participation in The Colorado Springs School program.

How did you learn about The Colorado Springs School?

- Relative _____
- Newspaper article found in _____
- Radio Advertisement _____
- Website/Online _____
- Other _____
- Friend _____
- Faculty _____
- Student _____
- Current Parent _____

Test and Placement Information:

As a part of the admission process, we administer an individual readiness test for Pre-Kindergarten.
I understand that results of tests conducted at CSS are the property of the school to be used for admission purposes only.

Parent/Guardian Signature: _____



Parent / Guardian Statement

A CSS education is a partnership between home and school. When teachers and parents communicate clearly about our students, student achievement rises. Mutual respect for the profession of teaching as well as for the calling of parenting underlies this important relationship. Parents, teachers, and administrators understand that it is in our students' interests that we create a safe, challenging, and supportive environment.

To best serve the needs of each student, we want to learn about the applicant through the people who have known him or her best. We ask that you, as parent or guardian, share your thoughts about your child. Attach additional sheets of paper if you would like to provide a longer response.

Why do you believe The Colorado Springs School is the right school for your child? What led you to begin the Admission process?

What are the first words that come to mind that best describe your child?

What do you consider to be his or her greatest strengths and challenges?

What are some activities that you share as a family?



**CURRENT TEACHER
RECOMMENDATION REQUEST
OR PARENT EVALUATION**

21 Broadmoor Avenue
Colorado Springs, CO 80906
(719) 475-9747 (719) 475-9864 FAX
www.css.org

PARENT / GUARDIAN OF APPLICANT:

Please fill out the information in this section and give this Request Form along with a stamped envelope to your student's current Principal or Teacher to complete. **For children with no prior school experience, a parent may complete this form by commenting on items 1,2, and 3 below.**

Name of Student _____ applying for grade _____

I acknowledge that I waive my right to read this confidential evaluation and recommendation.

Parent/Guardian signature

Date

To the Evaluator:

Please this form and send to The Colorado Springs School. Continue on separate paper, as necessary. Your comments will be held in strictest confidence. Thank you very much for your cooperation and assistance.

How long have you known this student? _____

What words come quickly to mind when you describe this student?

How would you describe this student's expressive and receptive language skills?

Please comment briefly on the following:

Academic Development: Areas of academic interest and achievement in relation to perceived ability.

Emotional and Social Development: Attitude towards peers and adults, behavior in the classroom, maturity, self discipline, and special needs, etc.

Physical Development: Include large and small motor skills, any special skills or needs, interests in sports, etc.

Comments or other information you believe that might be helpful (other specific strengths and weaknesses?).

Is there any additional information that can be better conveyed in a phone conversation? Yes No

If yes, what hours would be best for CSS to reach you?

NAME OF EVALUATOR _____

POSITION _____ SCHOOL NAME _____

SCHOOL ADDRESS _____

TELEPHONE _____ E-MAIL _____

SIGNATURE _____ DATE _____

Thank you for taking the time to share your thoughts with us.