

APPLICATION

CHRISTCHURCH SCHOOL

Office of Admission
49 Seahorse Lane
Christchurch, Virginia 23031
Phone: 804-758-2306 Fax 804-758-0721
admission@christchurchschool.org

PLEASE
ATTACH
PHOTO

STUDENT INFORMATION

Application fee \$50 for U.S. residents, \$100 for applicants abroad

Applicant for Admission to Grade _____ Fall Spring of 20 _____ as a Boarding or Day Student

Applicant for Learning Skills Program English as a Second Language Program

Applicant for financial aid Yes No Apply online at: <https://sss.ets.org/pfsHome.do> (FOR REPORTING PURPOSES USE SCHOOL CODE #2422)

Have you taken the SSAT? (www.ssat.org) Yes, Date _____ No, scheduled test date _____
(FOR REPORTING PURPOSES USE SCHOOL CODE #2422)

FIRST NAME _____ MIDDLE _____ LAST _____ NICKNAME / PREFERRED NAME _____

DATE OF BIRTH _____ / _____ / _____ AGE _____ Male Female SOCIAL SECURITY NUMBER _____ - _____ - _____

HOME PHONE _____ CELL PHONE _____ E-MAIL _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

Religious preference (for use of our campus ministry) _____

Country of birth _____ Country of citizenship _____

Primary language spoken at home _____ Passport Number _____

Ethnicity (optional) African American Asian American Caucasian Hispanic Middle Eastern American Multi-Racial American
 Native American Pacific Islander American International Other (please specify) _____

Present School _____ Present Grade _____

Head/Principal _____ Parochial Private Public Years Attended _____

School's Address _____
STREET ADDRESS

CITY _____ STATE _____ ZIP CODE _____ COUNTRY _____

PHONE _____ FAX _____ WEB ADDRESS _____

Last two schools attended and dates

_____ / _____ / _____ to _____ / _____ / _____
_____ / _____ / _____ to _____ / _____ / _____

Skipped/repeated a grade? Yes No Grade _____ Date _____

Source of original interest in Christchurch School? _____

Educational Consultant _____

FAMILY INFORMATION

Student lives with (check all that apply):

- Father Stepfather Guardian
- Mother Stepmother Mother
- _____
OTHER RELATIONSHIP

Send Correspondence/Billing to (check all that apply):

- Father Stepfather Guardian
- Stepmother
- _____
OTHER RELATIONSHIP

Check any that apply:

- Father is deceased Father has custody
- Mother is deceased Mother has custody
- Parents are separated Joint custody
- Parents are divorced

FATHER/GUARDIAN

MOTHER /GUARDIAN

Home Address
(IF DIFFERENT FROM APPLICANT)

CITY STATE ZIP

CITY STATE ZIP

COUNTRY

COUNTRY

Home Phone

Cell Phone

Occupation

Employer

Business Phone

Preferred Fax

Preferred E-mail

College/Class of

Siblings:

NAME AGE GENDER CURRENT SCHOOL

NAME AGE GENDER CURRENT SCHOOL

NAME AGE GENDER CURRENT SCHOOL

CHRISTCHURCH RELATIONSHIP

If you are related to a Christchurch graduate or current student, please give the name and relationship:

NAME CLASS OF RELATIONSHIP

NAME CLASS OF RELATIONSHIP

In consideration of the undertaking by the Office of Admission of Christchurch School to process the undersigned applicant's application and related forms, the undersigned agree that the information furnished on the application, together with all information and materials of any kind received by the Admission Office from any source, or prepared by anyone at its request, shall be completely confidential and shall not be disclosed to anyone, including the applicant and his or her family, except as deemed advisable at the school's discretion.

APPLICANT SIGNATURE DATE

FATHER / GUARDIAN SIGNATURE DATE

MOTHER / GUARDIAN SIGNATURE DATE

PLEASE ATTACH
BUSINESS CARD HERE

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PARENT/GUARDIAN QUESTIONNAIRE

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Applicant Name _____
FIRST MIDDLE LAST

Please describe your child as an individual: _____

Please describe any significant events in your child's life: _____

My child's strengths are: _____

My child's weaknesses are: _____

What role do you play in your child's education (communication w/teachers; nightly homework)? _____

Has the student worked regularly/occasionally with a tutor? _____

Are there family circumstances that might affect your child's performance at Christchurch School? _____

PARENT/GUARDIAN QUESTIONNAIRE (CONTINUED)

Is there anything about the sequence of your child's education that we should know? Has your child ever been asked to withdraw from school; been suspended or put on probation? Please explain _____

Is there anything in your child's educational, medical or psychological history that might affect his/her ability to participate fully in the life of the school including sports or other activities? _____

Has your child ever undergone any individual educational or psychological evaluation? If so, who administered evaluation?

Please provide a copy of the entire evaluation with this form.

NAME		TITLE	DATE OF LAST TESTING
ORGANIZATION NAME		STREET ADDRESS	
CITY	STATE	ZIP CODE	
PHONE	FAX	E-MAIL	

In the last two years, has your child seen a counselor, psychologist or psychiatrist? If so, please explain the nature of the counseling and current prognosis.

Is the applicant currently taking any prescription medication? If so please provide diagnosis, type of medication, dosage and prescribing physician's name and contact information. _____

Is the applicant currently covered by medical insurance? Yes, No _____
INSURANCE PROVIDER NAME

STUDENTS REFERRED BY AN EDUCATIONAL CONSULTANT

Christchurch School may send copies of grade reports Yes, No

CONSULTANT NAME			
ADDRESS	CITY	STATE	ZIP CODE
PHONE	FAX	EMAIL	

INTERNATIONAL STUDENTS AND STUDENTS WITH PARENTS/GUARDIANS LIVING ABROAD: (REQUIRED)

Christchurch School may send copies of the following communications to U.S. Guardian:

Grade Reports General School Information Billing

U.S. GUARDIAN / SPONSOR NAME		RELATIONSHIP TO APPLICANT	
ADDRESS	CITY	STATE	ZIP CODE
HOME PHONE	CELL PHONE	E-MAIL	

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FIRST MIDDLE LAST

So that we are better able to get to know you, please answer the following questions thoughtfully and candidly.
(Please complete this questionnaire in your own handwriting without assistance. Attach additional pages as necessary)

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List three adjectives to describe yourself:

What do you consider to be the most important event in your life? Why? _____

What do you consider to be your greatest strength? _____

What is your greatest weakness and how have you handled it? _____

List any extra-curricular activities in which you are involved (Clubs, Community Service, etc.) or other interests you may have _____

