



CORNERSTONE
LEARNING COMMUNITY

Preschool Admission Application

Applicant's Name _____

Date of Application _____

Class Applying For (See Pg. 2) _____

School Year Applying For _____

PLEASE PROVIDE ALL REQUESTED INFORMATION. If you wish any contact information (home telephone, home address, names, e- mail address) not be available to other CLC families please place an "X" beside it and we will not publish that info.

Child's full name _____ Gender _____

Cornerstone is always seeking greater racial diversity and provides the following question with such spirit in mind: Race _____ (optional)

Name called _____ Birthplace _____ Birthdate _____ Age on **Sept. 1** _____

Home address _____

Apartment # _____ City _____ State _____ Zip _____

Name of Parent or Guardian: Billing Mailing

Name of Parent or Guardian: Billing Mailing

Relationship to Student: _____

Relationship to Student: _____

Home address: _____

Home address: _____

_____ Zip _____

_____ Zip _____

Home telephone: _____

Home telephone: _____

Cell phone: _____

Cell phone: _____

E- mail address: _____

E- mail address: _____

Occupation: _____

Occupation: _____

Company: _____

Company: _____

Business address: _____

Business address: _____

Business telephone: _____

Business telephone: _____

Applicant's Name: _____

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Child's present school (Name and Address) _____

Previous school, if any: Name _____ Grades _____

How did you find out about Cornerstone? (Please be as specific as possible) _____

Have you visited (Open House, Tour, Special Event)? _____

Please check class applying for below:

(At this time CLC does not award financial assistance to preschool students)

___ 3yr old/5- day/half- day 9- 12:15 ___ 3yr old/full- day 9- 3:00

___ 4yr old/5- day/half- day 9- 12:15 ___ 4 yr old 5- day/full- day 9- 3:00

___ After Care / 3- 4:30

___ After Care / 3- 6:00

___ After Care / Drop In

Parents are: ___ Married ___ Partners ___ Single ___ Separated ___ Divorced ___ Widowed

With whom does the child live? _____. If parents are divorced or separated, please describe the child's living arrangements: _____

Other children living in the home (names, ages and relationships to child) _____

Adults living in the home (names and relationships to child): _____

Language(s) spoken in the home: _____

Cornerstone values a diverse student population and each learners' unique strengths and challenges. Please make sure that you have submitted all of the requested records and testing to insure that the Admissions Committee can make the most informed decision.

Why do you believe CLC is a good fit for your child?

If this application represents a change of schools, why is the change being sought?

Please describe your child (include, for example, interests and areas of strength and weakness).

Applicant's Name: _____

Please describe your child's attitude towards school and learning. If your child has not been in school, please explain any experiences your child has had in group settings.

Please provide any additional information about your child and/or family which you feel would be important for us to know (religious preference, cultural background, major life changing events).

Please describe your child's pace at which they have reached their developmental milestones (walking, talking, potty training). **All children entering preschool must be potty trained prior to starting school**

What is the probability that you will be applying for your child to attend kindergarten at Cornerstone?

ACADEMIC INFORMATION:

Has your child ever been dismissed / asked to withdraw from any school for any reason?

Yes _____ No _____ If yes, please comment:

Has your child ever been recommended for educational or speech and language testing?

Yes _____ No _____ (If yes, please include report with application packet)

Has your child ever been recommended for psychological testing? Yes _____ No _____ (If yes, please included report with application packet.)

Does your child have any behavioral issues that will require any type of classroom accommodation or that will potentially impact the learning environment of other students?

Yes _____ No _____ If yes please explain:

Does your child have any physical, emotional or mental condition that will require any type of classroom accommodation or that will potentially impact the learning environment of other students?

Yes _____ No _____ If yes, please explain:

Applicant's Name: _____

APPLICATION TERMS:

I/we certify that the information provided herein is complete, factually correct, and honestly presented.

DATE

PARENT / LEGAL GUARDIAN

PARENT / LEGAL GUARDIAN

DATE

SIGNATURE OF PERSON RESPONSIBLE FOR PAYMENT

Mail Completed application and \$75.00 application fee to:

Cornerstone Learning Community
Director of Admissions
2524 Hartsfield Road
Tallahassee, Florida 32303

NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS

Alpha School Inc, dba Cornerstone Learning Community 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. CLC does not discriminate on the basis of race, color, national or ethnic origin in administration of its admission policies, educational policies, scholarships or other programs.