



Application for Admission

Thank you for applying. Our application fee is as listed:

Thru March 31st, application fee is waived.

April 1st – April 30th: \$50.00 / child

May 1st – May 31st: \$75.00 / child

(\$200.00 / family Maximum)

Upon acceptance, each student enrolled must provide a 5% down payment of tuition and a completed Enrollment Packet within two weeks of acceptance to The Classical Academy de Lafayette. This will guarantee your child's spot in for the following school year.

The Mission of CAL is to develop the academic potential of each student through a rigorous, content-rich, classical liberal arts program while cultivating in them a virtuous character.

STUDENT INFORMATION

Date _____ Current Grade _____ Apply for Grade _____

Student Name _____
(FIRST) (MIDDLE) (LAST)

Home Address _____
(STREET OR P.O. BOX)

(CITY) (STATE) (ZIP)

Home Phone (____) _____ Cell Phone (____) _____

Birthdate ____ / ____ / ____ Age _____ Gender _____

Current School _____

Dates Attended _____

School Address _____
(STREET OR P.O. BOX)

(CITY) (STATE) (ZIP)

Please Initial: _____ I give CAL permission to access my child's education background including all records from their previous school.

For School Use Only

THE CLASSICAL ACADEMY
DE LAFAYETTE

(636) 222-3442

www.cadlafayette.com

- | | |
|---|--|
| <input type="checkbox"/> Application | <input type="checkbox"/> Birth Certificate |
| <input type="checkbox"/> Enrollment Fee | <input type="checkbox"/> Physical Exam Form |
| <input type="checkbox"/> Enrollment Agreement | <input type="checkbox"/> Immunization Form |
| <input type="checkbox"/> Parent Oath | <input type="checkbox"/> Health History Form |
| <input type="checkbox"/> Student Oath | <input type="checkbox"/> Emergency Info |
| <input type="checkbox"/> Photo Release Form | |

DATE AND TIME APPLICATION RECEIVED _____

PARENT INFORMATION

1. Parent/Guardian

_____ (TITLE) _____ (FIRST) _____ (MIDDLE) _____ (LAST) _____ (PREFERRED NAME)

Relationship _____

Home Address _____
(STREET OR P.O. BOX) _____ (CITY) _____ (STATE) _____ (ZIP)

Home Phone (____) _____ Cell Phone (____) _____

Email _____ Work Phone (____) _____

Employer _____ Occupation _____

2. Parent/Guardian

_____ (TITLE) _____ (FIRST) _____ (MIDDLE) _____ (LAST) _____ (PREFERRED NAME)

Relationship _____

Home Address _____
(STREET OR P.O. BOX) _____ (CITY) _____ (STATE) _____ (ZIP)

Home Phone (____) _____ Cell Phone (____) _____

Email _____ Work Phone (____) _____

Employer _____ Occupation _____

3. Parent/Guardian

_____ (TITLE) _____ (FIRST) _____ (MIDDLE) _____ (LAST) _____ (PREFERRED NAME)

Relationship _____

Home Address _____
(STREET OR P.O. BOX) _____ (CITY) _____ (STATE) _____ (ZIP)

Home Phone (____) _____ Cell Phone (____) _____

Email _____ Work Phone (____) _____

Employer _____ Occupation _____

4. Parent/Guardian

_____ (TITLE) _____ (FIRST) _____ (MIDDLE) _____ (LAST) _____ (PREFERRED NAME)

Relationship _____

Home Address _____
(STREET OR P.O. BOX) _____ (CITY) _____ (STATE) _____ (ZIP)

Home Phone (____) _____ Cell Phone (____) _____

Email _____ Work Phone (____) _____

Employer _____ Occupation _____

Marital status of parents: Married Other: _____

Student resides with: Parents Mother Father Other: _____

COMMUNICATION INFORMATION

CAL will periodically send out information regarding your child and school activities. Please specify who should receive these communications:

Name/Relationship to Student

Email, if not provided above

FAMILY INFORMATION

Student's Siblings

_____	_____	_____
(NAME)	(GRADE)	(SCHOOL ATTENDING)
_____	_____	_____
(NAME)	(GRADE)	(SCHOOL ATTENDING)
_____	_____	_____
(NAME)	(GRADE)	(SCHOOL ATTENDING)

REFERENCE

Please provide two personal references able to vouch for your child's character. At least one must know your child in an educational capacity.

_____	_____	_____
(NAME)	(PHONE)	(EMAIL)
_____	_____	_____
(NAME)	(PHONE)	(EMAIL)

EDUCATION INFORMATION

Has your student been a part of a classical education program? If yes, please explain.

Has the student ever been diagnosed with a learning difference, been recommended for counseling or special services such as occupational speech therapy, or received an Individual Education Plan (IEP)? YES NO

If yes, briefly describe _____

Has the student ever had behavioral difficulties in school such as probation, suspension, expulsion? YES NO

If yes, briefly describe _____

Parent Signature _____ Date _____