

The GW Community School



Application for Enrollment

If you have any questions, please call us at (703) 978-7208, we will be very pleased to help.

Please return completed application to:

Admissions Office
 The GW Community School
 9001 Braddock Road, Suite 111
 Springfield, VA 22151

| | |
|---------------------------|----------------------------|
| Application Date | |
| Desired Start Date | Current Grade Level |

| Student | | |
|--|----------|----------|
| Name (First, Middle, Last) | | |
| Preferred name or nickname | Pronouns | |
| Birth Date | | |
| Home Street Address | | |
| City | State | Zip Code |
| Cell Phone, if available | | |
| Email Address, if available | | |
| Place of Birth | | |
| Primary Language Spoken, if other than English | | |

| Parent or Guardian 1 | | |
|--------------------------------|-------|----------|
| Name (First, Last) | | |
| Home Street Address | | |
| City | State | Zip Code |
| Preferred Email Address | | |
| Home Phone | | |
| Cell Phone | | |
| Employer | | |
| Title, Profession, or Position | | |
| Work Street Address | | |
| City | State | Zip Code |
| Work Phone | | |

| Parent or Guardian 2 | | |
|--------------------------------|-------|----------|
| Name (First, Last) | | |
| Home Street Address | | |
| City | State | Zip Code |
| Preferred Email Address | | |
| Home Phone | | |
| Cell Phone | | |
| Employer | | |
| Title, Profession, or Position | | |
| Work Street Address | | |
| City | State | Zip Code |
| Work Phone | | |

| | | |
|-------------------------|---------------|--------------|
| OFFICE USE ONLY: | APP RECEIVED: | APP FEE CK#: |
|-------------------------|---------------|--------------|

| Family | | |
|---|---|--------------------|
| 1a. Parent's marital status, check all that apply | | |
| <input type="checkbox"/> Married | <input type="checkbox"/> Parent 1 remarried | |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Parent 2 remarried | |
| <input type="checkbox"/> Separated | <input type="checkbox"/> Father deceased | |
| | <input type="checkbox"/> Mother deceased | |
| 1b. Stepparent Name | | |
| 1c. Stepparent Name | | |
| 1d. Brothers and sisters | 1e. Ages | 1f. Name of school |

| Medical |
|---|
| <p>If the student has experienced physical or emotional problems that have necessitated the use of medical or therapeutic intervention, it is imperative that this be indicated at the time of application. This information will allow us to address the student's needs more effectively.</p> |
| 2a. List any ongoing medical conditions |
| 2b. List any limitations that would prevent full participation/attendance in school |
| 2c. List any medications taken regularly, dosage, and times |
| 2d. List the condition(s) that these medications are treating |
| 2e. Who prescribes the medications? |

| Schools |
|---|
| 3a. Current Grade |
| 3b. Current or last school attended |
| 3c. Location |
| 3d. Dates in attendance |
| 3e. List grades repeated, or skipped, if any |
| 3f. If not currently attending school, state reason |
| 3g. List student's last successfully completed course load or current course load |
| 3h. Other schools attended in last three years |
| 3i. Reason for leaving last school |

4a. Has the student been identified as gifted?

Yes

No

4b. Please list any Gifted or Advanced Placement classes taken by student and grade level of class.

4c. Has the student been identified with a specific learning disability or ADHD?

Yes

No

4d. If yes, please describe:

4e. Has the student ever undergone psychoeducational testing?

Yes:

Testing Date:

Name of Diagnostician:

Testing Provided:

No

If the above is answered yes and the testing took place within the last five years, **please enclose a copy with this application.**

4f. Has student ever had behavioral problems or used drugs or alcohol?

Yes

No

4g. If yes, please provide information about behavior and treatment:

Your Perspective

The information you provide in this section will assist us in obtaining your perspective of the strengths and needs of your child. Feel free to use additional paper as necessary.

5a. Write a brief description of your child.

5b. What are your child's chief strengths?

5c. What are your child's interests and hobbies?

Your Perspective (cont.)

5d. What is your child's area of greatest need?

5e. In what ways do you expect our school to help your child?

5f. What do you see your child doing after high school?

Additional Information

6a. Attach a recent writing sample

6b. Attach additional information that may be helpful.

Photograph

7a. Please attach a recent photograph of your child here.

Application Statement

I hereby apply to The GW Community School for my child and acknowledge that the information provided on this application is complete and correct.

Providing misinformation or failure to provide full and accurate information, including lack of providing past psychoeducational testing, may result in a nullification of the application or dismissal from The GW Community School.

Enclosed:

- Non-Refundable application fee of \$85.00 payable to GWCS
- Writing Sample
- School Information Request Form
- Service Provider Release Form (if applicable)

Parent or guardian Signature / Date

Parent or guardian Signature / Date

One last question:
How did you find out about our school?