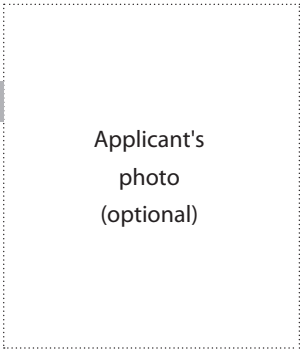




# APPLICATION FOR ADMISSION



## FAMILY INFORMATION

Name of applicant: \_\_\_\_\_  
LAST FIRST MIDDLE

Nickname: \_\_\_\_\_  Male  Female

This application is for grade: \_\_\_\_\_ for school year 20\_\_\_\_ – 20\_\_\_\_

Applicant's birth date: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Applicant's address: \_\_\_\_\_  
STREET CITY STATE ZIP HOME PHONE

**Name of parent(s) or guardian** (International applicants provide information about the extended family or guardian with whom the student will live and attach a separate sheet with home address and phone number of his or her natural parents.):

DR.  MR.  MS.  MRS. PARENT'S/GUARDIAN'S NAME  
 DR.  MR.  MS.  MRS. PARENT'S/GUARDIAN'S NAME

OCCUPATION/TITLE EMPLOYER/COMPANY OCCUPATION/TITLE EMPLOYER/COMPANY

OFFICE PHONE CELL/PAGER OFFICE PHONE CELL/PAGER

E-MAIL ADDRESS (FOR OFFICIAL CWA COMMUNICATIONS) E-MAIL ADDRESS (FOR OFFICIAL CWA COMMUNICATIONS)

**Please check all that apply:**

- Parents married  Father remarried  Mother remarried
- Parents separated  Father deceased  Mother deceased
- Parents divorced  Applicant lives with father  Applicant lives with mother

If the applicant does not live with both parents, please provide the name and address of the parent who does not live with the applicant:

DR.  MR.  MS.  MRS. PARENT'S/GUARDIAN'S NAME  
STREET ADDRESS

CITY STATE ZIP HOME PHONE

Do you wish to apply for need-based financial aid?  Yes  No (A financial aid application will be mailed to you.)

## EDUCATION

School now attending/last attended: \_\_\_\_\_  
SCHOOL

SCHOOL ADDRESS CITY STATE ZIP PHONE NUMBER

Teacher/Counselor who best knows the applicant: \_\_\_\_\_  
NAME POSITION

TEACHER'S ADDRESS (IF NOT SCHOOL ADDRESS) CITY STATE ZIP TEACHER'S E-MAIL

**An application fee is required.**

For Lower School (Beginning School through Grade 5) the fee is \$80.00. For Middle and Upper School (Grades 6-12) the fee is \$35.00.

PARENT'S SIGNATURE DATE

(For a complete description of the Admission process, please refer to Application Procedures.)  
All materials submitted in support of an Application for Admission become the property of Charles Wright Academy.

Application materials, including letters of recommendation, school reports, and the results of our admission screenings, are confidential and will not be released.



## APPLICATION FOR ADMISSION

Please answer these questions completely and candidly; this information helps us determine whether Charles Wright can meet your child's needs. Please use an additional sheet of paper if necessary.

1. Has this student received any assistance in the form of special education programming (including gifted and/or talented, behavioral intervention, or English as a Second Language instruction)?  
 Yes    No   If yes, please explain.

2. Does this student have any health irregularities, allergies, or educational challenges that might interfere with our admission evaluation or with normal classroom or physical education activities?  
(This will allow us to evaluate your child appropriately. Please call us if you have questions.)  
 Yes    No   If yes, please explain.

3. Please list other children in the family and their ages (use additional sheet if necessary):
- |             |                      |
|-------------|----------------------|
| Name: _____ | Date of birth: _____ |
| Name: _____ | Date of birth: _____ |
| Name: _____ | Date of birth: _____ |

4. Has anyone in your family attended or graduated from Charles Wright Academy?  
(Please provide names and years of attendance/graduation.)

5. (Optional) Please list schools other than Charles Wright you are considering for your daughter/son:

6. (Optional) How would you describe the applicant?
- |  |   |                                      |
|--|---|--------------------------------------|
| <input type="checkbox"/> African-American                | <input type="checkbox"/> Native American              | <input type="checkbox"/> Caucasian   |
| <input type="checkbox"/> Latino/Hispanic                 | <input type="checkbox"/> Middle Eastern               | <input type="checkbox"/> Multiracial |
| <input type="checkbox"/> Asian American/Pacific Islander | <input type="checkbox"/> Other (please specify) _____ |                                      |

*Charles Wright Academy does not discriminate on the basis of race, color, sex, religion, nationality, and ethnic or socioeconomic origin in the administration of its academic, admission or financial aid policies.*



# REQUEST FOR SCHOOL RECORDS

Parent of the applicant: \_\_\_\_\_

The upper portion of this form is to be completed by the parent or guardian of the applicant. The entire form is then returned to Charles Wright Academy with the Application for Admission.

Name of student: \_\_\_\_\_

Present grade: \_\_\_\_\_ School now attending/last attended: \_\_\_\_\_

\_\_\_\_\_  
SCHOOL ADDRESS CITY STATE ZIP PHONE NUMBER

I hereby give permission to the school I have listed above to release information to Charles Wright Academy, as requested below.

\_\_\_\_\_  
PARENT'S SIGNATURE DATE

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**The lower portion of this form is to be completed by the Charles Wright Academy Office of Admissions. The entire form is then forwarded to the applicant's current/former school.**

## Office of the Registrar:

The student named above, who is currently enrolled in your school or who recently attended your school, is a candidate for admission to Charles Wright Academy for school year \_\_\_\_\_. We would appreciate **COPIES ONLY** of grade reports, standardized test scores, teacher comments, and other confidential information you feel might be helpful to us in evaluating his/her academic ability and social development.

Date requested by CWA: \_\_\_\_\_ Date returned to CWA: \_\_\_\_\_

\_\_\_\_\_  
ADMISSIONS SECRETARY

The student named above has been accepted by Charles Wright Academy and will be enrolled in \_\_\_\_\_ for school year \_\_\_\_\_. Please send us his/her permanent file (ALL ORIGINAL PAPERS AND DOCUMENTS) at your earliest convenience. Thank you.

Date requested by CWA: \_\_\_\_\_ Date returned to CWA: \_\_\_\_\_

\_\_\_\_\_  
DIVISION SECRETARY

**Thank you for your assistance. Please return this original form, or a copy of it, along with the materials we have requested.**

**7723 Chambers Creek Road West • Tacoma, Washington 98467 • (253) 620-8373 • FAX (253) 620-8357**

