



STUDENT APPLICATION FORM

Please fill out this form for each **additional** child applying.

Office Use Only	
Application Rcvd.	_____
Registration Fee	_____
Check #	_____
Interview Date	_____
Placement Test	_____
Accepted	_____ Denied _____

Student _____
First Middle Last

TIDEWATER
CLASSICAL
ACADEMY
♦♦♦

Preferred Name / Nickname _____

Date of Birth ___ / ___ / ___ Place of Birth _____

Applying for (*circle one*): Pre-K K 1 2 3 4 5 6 7 8 9 10

Schools Previously Attended (list last school attended first)

Name _____ Phone _____ Grade _____

Name _____ Phone _____ Grade _____

If you are currently homeschooling your child, please describe your program. _____

Are you able to provide evidence of educational achievement for this child? _____

Tidewater Classical academy is not staffed to handle students with severe learning disabilities or those who have trouble behaviorally. For your child's best interest, please be candid when you answer the following questions. Further elaboration on your answers may take place during the interview.

If this child has any special medical or physical conditions, or if there are any other factors that may be important to the education of the child, please explain: _____

Has the child ever been diagnosed with any type of physical or learning disability? _____

Has this child ever been suspended? _____ expelled? _____ asked to withdraw? _____
(If "yes" for any of these questions, please give full particulars on a separate page.)

Is the child taking any prescription medications? If so, what medications? _____

Emergency Contact Information:		
Name _____	Phone # _____	Relationship _____