

New Student Application: Information

Application for: Online School

On-site School

Applicant's Full Name - (First, Middle, Last)			Nickname/Preferred Name		
Home Address					
City	State		Zip	Home Phone	
Birth Date Age or	n Sept 1, 2024	Current Grade		Gender	Public School District
Legal Parent/Guardian	n Information				
Full Name (Parent/Guardi	ian 1)			Relationship to Applicant	
Home Address					
City	State		Zip	Cell Phone	
Email Address			Occupation		
College Degree(s) Earned					
Talents, Hobbies, & Specia	al Interests				
Full Name (Parent/Guardi	ian 2)			Relationship to Applicant	
Home Address					
City	State		Zip	Cell Phone	
Email Address			Occupation		
College Degree(s) Earned					
Talents, hobbies & special	interests				
Student lives with			Lan	Language Spoken at Home	
Optional: With which ethi	nic group do you wish	to have your child i	identified?	Optional: Religious Affiliation	n(s) of Parent(s)/Guardian(s)



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Family Information (F	Please use the final sheets of the	application if more space	is needed.)
Siblings			
First & Last Name (Sibling)	Date of Birth	Current School/Childcare	Identified as Gifted?
First & Last Name (Sibling)	Date of Birth	Current School/Childcare	Identified as Gifted?
First & Last Name (Sibling)	Date of Birth	Current School/Childcare	Identified as Gifted?
First & Last Name (Sibling)	Date of Birth	Current School/Childcare	Identified as Gifted?
Information Pease provide information abo	out other adults who are required to r	eceive school updates and info	ormation.
Full Name	Relationship to Applicant	E-mail address	Cell Number
Home Address	City	State Zi	p
Full Name	Relationship to Applicant	E-mail address	Cell Number
Home Address	City	State Zi	p
Friends & Family Pease provide information abo	out other adults who you would like a	dded to our contact list.	
1. Full Name	Relationship to Applicant	E-mail Address (Updates, N	(ewsletters) Cell Number
Please circle the lists the c	above person should be added to	- ·	ŕ
email from the school School updates and newsletters		Texts for urgent notifications (weather, etc.)	
2. Full Name	Relationship to Applicant	E-mail Address (Updates, N	ewsletters) Cell Number
Please check the lists the (above person should be added to	o:	
All email from the school	School updates and newsletters	Texts for urgent no	tifications (weather, etc.)



Academic Information:

New Student Application: Questionnaire

Applicant's Name_____

·	Use the blank sheets at the	11	J	•	
Math:	Name of Text	Publis	her	Grad	e Level
Please circle the challenge	level of the math class for yo	our child:	Too Easy	Just Right	Too Challenging
Please add comments or ac	lditional information about	your child's ma	th experience:		
Language Arts:	Name of Textbook	Publis	her	Grade Level	
Please circle the challenge	level of the Language class f		Too Easy	Just Right	Too Challenging
	lditional information about	y	-88 (°F		
Science:	Name of Textbook	Publis	her	Grade Level	
Please circle the challenge	level of the science class for		Too Easy	Just Right	Too Challenging
Please add comments or ac	lditional information about	your child's exp	erience with scie	ence.	
Social Studies/His	tory:Name of	Tevt	Puhl	isher	Grade Level
Please circle the challenge	level of the Social Studies cl			Just Right	Too Challenging
_	ditional information about	•	•	J	0 0
Please list three recent boo	ks your child has read indep	pendently that s	how their readin	g ability/level and	interests.
1Title	Author				
2 Title	Author				
3 Title	Author				

Cyprus Classical Academy 190 Cobblestone Lane Burnsville, MN 55337 952 303 5183 www.CyprusClassicalAcademy.com



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Applicant's Name_____

Education & Special Interests	
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What are your child's interests (arts, athletics, hobbies,) special talents, and/or extracurricular activities?
Is there anything we should know about that may interfere with their potential pace of learning? (writing skills, easily distracted, etc.)
Please describe any special circumstances (especially any allergies or medical restrictions) that should be taken into consideration in planning your child's admissions visits and/or school program.
Has your child formally been identified as gifted? Yes No If so, by whom?
What are your educational goals for your child this year? How do you see Cyprus Classical Academy facilitating these goals?



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Applicant's Name_

At Cyprus Classical Academy, we offer many events and opportunities for families and students to share their culture, traditions, at backgrounds with their classmates. It helps for us to have information about each child's background so that we can get to know each child and maintain an inclusive and equitable environment in school. Please answer the following optional questions to help us get know your child and your family.
What is your child's first language?
What languages are spoken in your child's home?
Does your child have any non-English experience or education? Please Describe.
What are your most important family traditions (holidays, cultural traditions, religious traditions, or general family traditions—e.g eating as a family, going on a yearly vacation, traveling to another country at regular intervals, etc.)
Social/Emotional/Sensory Information
Gifted children often have sensitivities to various things. Please list your child's sensitivities that we should be aware of, if any. (Some examples are: strong emotional reaction when animals are hurt, melts down when there are loud noises, lashes out when placed in a perceived spotlight, has high anxiety when asked to write, has difficulty thinking when being timed, etc.)

Please describe what you would like us to know about your child's personality, talents, abilities, sensitivities, fears, etc.



Ages 3-8 Academic Achievement

Applicant's Name_____

Academic Achievement Survey for students Ages 3-8

Student achievement level varies greatly among students. Please complete this checklist of your child's current reading and math skills to the best of your ability to indicate a starting point for assessment.

Re	Reading		
	Recognizes all capital and lower case letters.		
	Knows all letter sounds.		
	Can read three letter phonetic words by blending letter sounds (Disregard speed).		
	Is reading beginning readers (without regard to speed).		
	Reads beginning readers easily.		
	Reads early chapter books (Frog and Toad, Little Bear, Amelia Bedelia).		
	Reads beginning chapter books (Magic Tree House Series).		
	Reads beyond the level of Magic Tree House.		
Ple	ease include a video of your child reading at their level.		
Ma	thematics		
Cho	oose the last milestone your child has reached:		
	Recognizes numbers and can count to 10.		
	Recognizes numbers and can count to 20.		
	Recognizes numbers and can count to 100.		
	Recognizes numbers and can count beyond 100.		
Cho	oose the last milestone your child has reached:		
	Adds to 10		
	Adds to 20		
	Adds multiple digits with regrouping		
Cho	oose the last milestone your child has reached:		
	Subtracts within 10		
	Subtracts within 20		
	Subtracts multiple digits with regrouping		
Cho	oose the last milestone your child has reached:		
	Understands multiplication and can solve simple multiplication problems.		
	Can multiply with skip counting.		
	Knows times tables to 9 fluently without skip counting. (Can answer each within 3 seconds.)		
	Can solve multiple digit multiplication problems		



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Volunteer Hours

Cyprus requires 30 volunteer hours per family per year. Families who choose to opt out of volunteering are required to pay \$300, but we prefer family involvement. Please describe any special skills you have that would be helpful. Some examples are (please be specific in your description:

For local parents: Technology/Internet knowledge and skills, Teaching background (substitute for teacher absences), Field trips to your work location, Chaperoning/Driving for field trips, Construction skills (building things for events, helping maintain the school environment); Administrative skills (Helping to send out packages to online students, etc.)

Online & local parents: Fundraising, Grant Writing, Presentations/Classes you can teach using your cultural, educational, or work background, Helping coordinate events, hosting online get-togethers for parents and students, game night hosts, etc.

Please attach the following with this application

Prospective Students Ages 3-8:

- ⇒ A video of your child reading independently
- ⇒ Academic Achievement Survey (The next page in this application)

All Prospective Students Ages 3-13

- ⇒ All IQ, Cognitive Abilities, and Standardized Test Reports your child has taken (if any)
- ⇒ Writing Sample: Please provide a recent class writing assignment or other written work your child has completed shows their writing ability. For young students, any sample of their writing that shows their writing ability is acceptable, including letters or their name, etc.
- ⇒ Optional: Please provide a sample or video of your child's work that shows high ability in any subject.



Additional Information

Applicant's Name	

Please use this space to add any information you did not have enough space for in the application. Also add any information that will help us to understand your child better.



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