



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 on Sept 1, 2022

Current Grade

Gender

Public School District

Legal Parent/Guardian Information

Full Name (Parent/Guardian 1)

Relationship to Applicant

Home Address

City

State

Zip

Cell Phone

Email Address

Occupation

College Degree(s) Earned

Talents, Hobbies, & Special Interests

Full Name (Parent/Guardian 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

Language Spoken at Home

Optional: With which ethnic group do you wish to have your child identified?

Optional: Religious Affiliation(s) of Parent(s)/Guardian(s)



New Student Application: Information

Applicant's Name _____

Family Information (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

Please provide information about other adults who are required to receive school updates and information.

Full Name	Relationship to Applicant	E-mail address	Cell Number
Home Address	City	State	Zip
Full Name	Relationship to Applicant	E-mail address	Cell Number
Home Address	City	State	Zip

Friends & Family

Please provide information about other adults who you would like added to our contact list.

1.

Full Name	Relationship to Applicant	E-mail Address (Updates, Newsletters)	Cell Number
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Please circle the lists the above person should be added to:

All email from the school School updates and newsletters Texts for urgent notifications (weather, etc.)

2.

Full Name	Relationship to Applicant	E-mail Address (Updates, Newsletters)	Cell Number
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Please check the lists the above person should be added to:

All email from the school School updates and newsletters Texts for urgent notifications (weather, etc.)



New Student Application: Questionnaire

Applicant's Name _____

Education & Special Interests

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?

Family Background and Traditions

At Cyprus Classical Academy, we offer many events and opportunities for families and students to share their culture, traditions, and 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 to 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.

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.

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.

Please include a video of your child reading at their level.

Mathematics

Choose 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.

Choose the last milestone your child has reached:

- Adds to 10
- Adds to 20
- Adds multiple digits with regrouping

Choose the last milestone your child has reached:

- Subtracts within 10
- Subtracts within 20
- Subtracts multiple digits with regrouping

Choose 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.

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 that 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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