



· ClassicalAcademyofNaples.com · Phone: 239-249-2626 · Fax: 239-513-1576 ·
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P.O Box 770891, Naples, FL 34107

STUDENT APPLICATION

Applying for Grade _____ School Year _____ Today's Date: _____

1. Student's Full Name: _____ Male Female
Other Names known by: _____ Three Day Hybrid Five Day Full-time
Date of Birth: _____ Age: _____ (By Sept. 1, must be 5 for
entering Kindergarten and 6 for Grade One.)
Social Security No.: _____
Citizenship: _____
Street Address/P.O. Box: _____
City: _____ State: _____ Zip Code: _____
County: _____ Home Telephone Number: _____
School Now Attending: _____
School Address: _____

Family Information

2. Father's Full Name: _____
Home Address Street Address/P.O. Box: _____
City: _____ State: _____ Zip Code: _____
Cell Phone Number: _____ Home Telephone Number: _____
Email Address: _____ Social Security No.: _____
Are you presently employed? Yes No
Business Title: _____
Employer: _____
Business Address: _____
Office Telephone No.: _____ Fax No.: _____
3. Mother's Full Name: _____
Home Address Street Address/P.O. Box: _____
City: _____ State: _____ Zip Code: _____

Cell Phone Number: _____ Home Telephone Number: _____

Email Address: _____ Social Security No.: _____

Are you presently employed? Yes No

Mother's Business Title: _____

Employer: _____

Business Address: _____

Office Telephone No.: _____ Fax No.: _____

4. Siblings:

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

5. Marital Status: Married Separated Divorced If Divorced, who has legal custody? _____

With whom does the student live? _____ Name of Step-parent (if any): _____

Who is financially responsible for the student? _____

Parent Questionnaire

6. How did you hear about The Classical Academy? _____

7. Why do you want your child to attend The Classical Academy? Why are you choosing The Classical Academy over other private schools? Public schools? Home schooling? _____

8. What is your understanding of the classical model of education? _____

9. Do you agree with this model of education? Why or why not? _____

10. Would you be willing to participate in further educating yourself in the matter of classical education? Please check all that apply:

- Reading Books - Listening to Tapes - Reading Articles - Attending Parent Education Program(s)

11. What community involvement have you had, including service on boards of organizations? _____

12. Would you be interested in serving on a committee for The Classical Academy (e.g. fund raising, auditing, compensation, scholarship)? If so, which one(s)? _____

13. We strive for academic excellence which will demand a lot of effort from every student, primarily during the school day. To succeed, The Classical Academy needs the support of the parent at home by addressing matters that may arise, such as homework, behavior, communication with the teacher, etc. Will you agree to provide such support?

Father's Initials: _____

Mother's Initials: _____

14. With regard to your child's self-esteem, which is more important to you: high achievements (grades, leading roles) or doing one's best? Why? _____

15. Should a "C" grade be a cause for pride and praise if your child is working to the best of his potential and the grade represents excellent effort? Why or Why not? _____

16. Did your child attend preschool? ____ If so, where? _____
At what age did your child begin pre-school? _____
17. What do you see as your child's academic strengths? _____

18. What are your child's main interests or hobbies? _____

19. What do you see as your child's areas of greatest accomplishment? _____

20. What do you see as your child's academic weaknesses? _____

21. What do consider to be your child's greatest area of need? _____

22. How would you describe your child's interaction with other children his/her own age? _____

23. How would you describe your child's interaction with adults? _____

24. What form of discipline is most effective with your child? _____

25. How does your child respond to being corrected or disciplined? _____

26. Please check any of the following causes of stress that have occurred in your child's current or former home environment in the past three years:
- | | |
|--|--|
| <input type="checkbox"/> Changes of school | <input type="checkbox"/> Separation from significant non-family member |
| <input type="checkbox"/> Frequent moves | <input type="checkbox"/> Mental illness in the family |
| <input type="checkbox"/> Death in the family | <input type="checkbox"/> Physical illness in the family |
| <input type="checkbox"/> Separation/divorce of parents | <input type="checkbox"/> Alcoholism/substance abuse in the family |
| <input type="checkbox"/> Remarriage of parent | <input type="checkbox"/> Prolonged hospitalization of family member |
| <input type="checkbox"/> Separation from family | <input type="checkbox"/> Physical or sexual abuse |
| <input type="checkbox"/> Other: _____ | |

27. At this time, The Classical Academy is not staffed to handle students with special needs, learning disabilities or those who have trouble behaviorally. We do not wish to create expectations that we cannot fulfill. Therefore children with behavioral or learning disabilities or special needs (e.g. Down's Syndrome, autism, ADD, ADHD, dyslexia) would be better served at another educational facility.

I wish to make application for my student at The Classical Academy of Naples, Inc. for the _____ school year. I understand that the application fee is non-refundable.

Father's or Guardian's Signature

Mother's or Guardian's Signature

Thank you for taking the time to fill out this application. Like you, we want to ensure your student's success. This information will help us to assess how we may be partner with you in meeting his or her educational needs.

Applicants will be evaluated, and the applicant and both parents will be interviewed before a decision regarding acceptance is made. If accepted, the family will receive a Financial Agreement Contract. A signed contract with a non-refundable \$150 Registration Fee must be submitted within 10 days of acceptance to ensure a place in The Academy.

Mail completed application, along with \$25.00 non-refundable application fee, to:

The Classical Academy of Naples
c/o Admissions
P.O. Box 770891
Naples, Fl 34107-0891

Application must include copies of the student's most recent transcript and/or report cards, if applicable, and the Teacher Questionnaire.

This application is complete upon receipt of:

1. Completed Application
2. Application Fee of \$25
3. Copy of student's most recent transcript and/or report cards, if applicable
4. Teacher Questionnaire

The Classical Academy of Naples, Inc. admits students of any race, color or national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at The Academy.