



A Christ-Centered, College Preparatory School

Carnegie Student Application
Kindergarten-12th Grade

Please fill out this application in its entirety by providing accurate and current information. If you have questions or need clarification, please contact admissions at admissions@carnegie-schools.com.

Semester Applying For: _____

Student Name: _____

Date of Birth: _____

Current Grade: _____

Grade Applying For: _____

Father/Guardian Name: _____

Mother/Guardian Name: _____

Student Resides With: _____

Father/Guardian Address: _____

Mother/Guardian Address: _____



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Student Address (if different from mother or father): _____

Father/Guardian Phone: _____

Mother/Guardian Phone: _____

Father Guardian Email: _____

Mother/Guardian Email: _____

Sibling Names: _____

Current School: _____

Current School Address: _____

Current School Registrar Contact: _____

May we contact your previous school for records: _____

Is the student leaving in good standing: _____

If not, explain: _____

Will the student be promoted: _____

If not, explain: _____

Has the student every problems with truancy: _____



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If yes, explain: _____

Has the student ever had discipline problems: _____

If yes, explain: _____

Does the student incur frequent absences due to illness: _____

If yes, explain: _____

Does the student have difficulties learning or understanding new material: _____

If yes, please explain: _____

Has the student ever been diagnosed with a learning need or provided with accommodations at previous programs: _____

If yes, explain: _____

Does the student have a 504 or IEP: _____

If yes, please provide copies. Please note that Carnegie cannot make all accommodations that may be needed for your student. Please make an appointment with the school counselor for further clarification and to better understand our policies and procedures if you wish to move forward with your application.

Date of last tetanus shot: _____

Please provide Carnegie Schools with a copy of your student's immunization records.

Does the student have any existing medical conditions: _____

If yes, please explain: _____

Is the student currently under the care of a doctor: _____



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If yes, please provide contact details: _____

Please list all allergies: _____

Student's Primary Physician: _____

Physician Contact: _____

Student's Medical Insurance: _____

Insurance Policy Group Number: _____

Insurance ID: _____

Will the student drive themselves to/from school or school related events: _____

If yes, please provide student's car (make/model), license plate number, and car insurance: _____

Will the student be driving any passengers to/from school or school related events: _____

If yes, please list all passengers (including siblings) authorized to ride with student: _____

Please note that all California driving rules/regulations/laws apply regardless of the information you provide on this application. The school is not responsible for any violations, accidents, or incidents your student incurs or experiences on their way to/from school or school related events. Minor students are not allowed to ride with other minor students who are not family members to/from school or school related events. Students who violate these rules will not be allowed into school related events and parents/guardians will be required to pick up students immediately. Some school events will mandate that all students ride the bus. Students who drive themselves to school or school related events must provide a parent note prior to



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the event/school to leave school or school related events early or arrive late.

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Emergency Contact Address: _____

Emergency Contact Email: _____

Additional Comments:

In addition to completing this application, please provide copies of the following documents:

1. Student's Immunization Records
2. Student's Transcripts
3. Student's Discipline/Behavioral Record
4. Student's Birth Certificate

Parent Signature

Date

Student Signature

Date