

Child's Name _____

Preferred Name _____

Date of Birth _____

Female

Male

For School Year _____

Date of application _____

Please attach a
photo of your
child here.

This is my child's first application to Virginia Chance School.

A non-refundable and non-transferable application fee is required for application processing and is not applied to tuition. Please submit application with check made payable to Virginia Chance School.

This application is updating a previous one on file at Virginia Chance School.

The application fee was submitted with the original application. Additional fees are not required with this form.

Check the class to which you are applying; prioritize your choices for preschool classes.

Preschool:

Half-day

Preschool Plus

Full-day

Two-day Two (Mon/Tues)

Five-day Two

Three-Day Three (W-F)

Five-Day Three

Five-Day Four

Elementary:

Full-day Kindergarten

Primary 1 (first grade)

Primary 2 (second grade)

Primary 3 (third grade)

Intermediate 4 (fourth grade)

Intermediate 5 (fifth grade)

To complete your child's admissions file, please complete these steps:

- A family member has toured the school.
- An Application for Admission is submitted with an application fee.
- An applicant has these papers on file:
 - Copies of professional evaluations determining special concerns (if they exist)
 - A Teacher Recommendation Form for Kindergarten and Primary 1 applicants only
 - Copies of current and last year's school report card/progress reports and standardized test scores for Kindergarten through Fifth Grade applicants

In addition, these steps will be requested by the school when appropriate:

- An applicant may be observed at a current school.
- An applicant for First through Fifth Grade will shadow at Virginia Chance School.

Each year's application and registration deadlines and fees are listed on the Application & Registration sheet in tour packets and at www.chanceschool.org in the Admissions section of the website. Applications received after listed dates are kept on file and are considered when openings exist.

Why are you applying to send your child to Virginia Chance School?

Child's name

Street address

City

State

ZIP code

Home telephone

Child lives with:

Adult 1: Name

Relation to child

Marital status

Occupation

Cell #

Company

Work #

Email at work

Email at home

Alumni of Virginia Chance

no yes

If so, at what age(s) and year(s)?

Adult 2: Name

Relation to child

Marital status

Occupation

Cell #

Company

Work #

Email at work

Email at home

Alumni of Virginia Chance

no yes

If so, at what age(s) and year(s)?

Other Parent's Information (Co-parenting Home):

Adult 3: Name

Relation to child

Marital status

Street address

City

State

ZIP code

Home telephone

Occupation

Cell #

Company

Work #

Email at work

Email at home

Alumni of Virginia Chance

no yes

If so, at what age(s) and year(s)?

Adult 4: Name

Relation to child

Marital status

Street address

City

State

ZIP code

Home telephone

Occupation

Cell #

Company

Work #

Email at work

Email at home

Alumni of Virginia Chance

no yes

If so, at what age(s) and year(s)?

Sibling Information:

Sibling(s) name(s)

Birth date

Gender

School currently attending

How does your child adjust to new experiences?

Describe your child's habits:

Bathroom _____
Sleeping _____
Eating _____

Explain any special fears your child has.

How does your child handle frustration or anger?

What is challenging about your child?

Describe any special needs your child has.

By what means do you discipline your child?

Withholding privileges Time out Negotiating
 Re-directing Discussing Scolding
 Other (please explain) _____

Share your child's strengths and your wishes for your child:

	Strengths	Wishes
Cognitive	_____ _____ _____	_____ _____ _____
Social	_____ _____ _____	_____ _____ _____
Emotional	_____ _____ _____	_____ _____ _____
Moral	_____ _____ _____	_____ _____ _____
Physical	_____ _____ _____	_____ _____ _____

List any regular medication your child is taking:

List any allergies your child has:

Food _____

Medication _____

Other _____

My child has had these professional evaluations that indicate special concerns:

Attention Behavioral Hearing Medical Learning
 Physical Psychological Speech Vision Other _____

In order for teachers to optimize your child's learning experience, it is of utmost importance that relevant information regarding needs and special concerns be shared with the school in a timely manner. The school requires that copies of such information, including but not limited to evaluations and reports by outside professionals, and orders for daily, ongoing medication, be on file in the school office.

List at what age your child: crawled _____ walked _____

Check one: This baby was full-term This baby was premature.

I plan to have my child at Virginia Chance School through:

Preschool Preschool and Elementary Elementary

Other Information

What was your child's previous group/school experience and why are you changing school?

Name of school _____ How long? _____

Teacher's name _____ Phone _____ Email _____

I give consent and authorize the Head of Virginia Chance School, Director of Admissions, or Director of Program to talk to my child's current/former teacher and school representative.

I/We intend to apply for financial aid for the Elementary Program.

As a parent of a child attending an independent school, I understand that I have responsibilities to financially support Virginia Chance School. My support is essential to the school's ability to consistently fulfill its mission of providing academic excellence in a positive and nurturing environment. These responsibilities include making timely tuition payments and contributing to the two major fundraising efforts of the year—Challenge for Chance and the Auction—to the fullest extent I am able.

Signature _____ Date _____

Virginia Chance School

Virginia Chance School does not discriminate on the basis of race, religion, color, national or ethnic origin in administration of its education policies, admissions policies, scholarship, and other school-administered programs.

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