



THE CAMBRIDGE SCHOOL
APPLICATION FOR ADMISSION
 2012- 2013 ACADEMIC YEAR
 P.O. Box 720508
 SAN DIEGO, CA 92172

For Office Use Only

Pre-Admission
 Application Fee Rec'd: _____/_____/_____
 Interview date: _____/_____/_____
 School Forms Rec'd: _____/_____/_____
 Testing: _____/_____/_____

Post Admission
 Date of Acceptance: _____/_____/_____
 Acceptance Letter: _____/_____/_____
 Enrollment Fee Rec'd: _____/_____/_____
 Health Form: _____/_____/_____
 Birth Certificate: _____/_____/_____

Applying for Grade _____
 Male Female
 Application Date _____

STUDENT INFORMATION

Student's Full Name _____ Preferred Name _____

(please print name exactly as it should appear on all permanent records)

Date of Birth _____ Age as of 9/1/12 _____ Place of Birth _____

Social Security # _____ Race _____ Citizenship _____

If the applicant is not a US citizen, please list on the line below the Visa or Green card type and expiration date.
(The Cambridge School is not authorized to issue I-20 Immigration forms. Applicants who are foreign citizens must already have a Visa or Green card.) _____

PARENT/GUARDIAN INFORMATION

Please note that if this student is accepted, any parent/guardian listed on this application will receive all correspondence from the School and will be published in the School directory.

Student lives with (check all that apply):
 Father Mother
 Stepfather Stepmother
 Other _____ Other _____

Check all that apply:
 Father is deceased Mother is deceased
 Parents are divorced Parents are separated
 Father has custody Mother has custody
 Joint custody

Student's Primary Residence

Street Address _____

City _____ State _____ Zip _____ Home Phone _____

Please check: Father Stepfather
 Grandfather Guardian

Please check: Mother Stepmother
 Grandmother Guardian

Please check: Dr. Rev. Mr.

Please check: Dr. Mrs. Ms.

Full Name _____

Full Name _____

Preferred Name _____

Preferred Name _____

Cell Phone _____

Cell Phone _____

Email _____

Email _____

Occupation/Title _____

Occupation/Title _____

PARENT/GUARDIAN INFORMATION

(continued)

Employer _____ Employer _____

Work Phone _____ Work Phone _____

Unless you specify otherwise, the following items from above will be included in next year's School directory: home address; home, work, and cell phones; and emails. Please write here any items you do not want to be included:

Student's Secondary Residence (if applicable)

Street Address _____

City _____ State _____ Zip _____ Home Phone _____

Please check: Father Stepfather
 Grandfather Guardian

Please check: Mother Stepmother
 Grandmother Guardian

Please check: Dr. Rev. Mr.

Please check: Dr. Mrs. Ms.

Full Name _____ Full Name _____

Preferred Name _____ Preferred Name _____

Cell Phone _____ Cell Phone _____

Email _____ Email _____

Occupation/Title _____ Occupation/Title _____

Employer _____ Employer _____

Work Phone _____ Work Phone _____

Unless you specify otherwise, the following items from above will be included in next year's School directory: home address; home, work, and cell phones; and emails. Please write here any items you do not want to be included:

FAMILY CONTACTS/ENCOURAGERS

To receive occasional communications such as the school newsletter with information about your child's schooling (i.e. grandparents, godparents, close family friends and other encouragers)

(Provide correct titles and First and Last names)

Mr. Mrs. Dr. Rev. Ms. _____

(Provide correct titles and First and Last names)

Mr. Mrs. Dr. Rev. Ms. _____

Street Address _____ Street Address _____

City _____ State _____ City _____ State _____

Zip _____ Home Phone _____ Zip _____ Home Phone _____

Email: _____ Email: _____

Relationship _____ Relationship _____

FAMILY CONTACTS/ENCOURAGERS

(continued)

Full Name(s) (Please include titles) _____ Full Name(s) (Please include titles) _____

Street Address _____ Street Address _____

City _____ State _____ City _____ State _____

Zip _____ Home Phone _____ Zip _____ Home Phone _____

Email: _____ Email: _____

Full Name(s) (Please include titles) _____ Full Name(s) (Please include titles) _____

Street Address _____ Street Address _____

City _____ State _____ City _____ State _____

Zip _____ Home Phone _____ Zip _____ Home Phone _____

Email: _____ Email: _____

SIBLING INFORMATION

Name _____ Age ____ Grade ____ School attending _____

Name _____ Age ____ Grade ____ School attending _____

Name _____ Age ____ Grade ____ School attending _____

Name _____ Age ____ Grade ____ School attending _____

Name of siblings or other relatives applying to The Cambridge School this year:

EDUCATION INFORMATION

Please list schools previously attended by this student, starting with the most recent:

School _____ For which grades? _____

Street Address (if known) _____

City _____ State _____ Zip _____ School Phone _____

EDUCATION INFORMATION
(continued)

School _____ For which grades? _____

Street Address (if known) _____

City _____ State _____ Zip _____ School Phone _____

School _____ For which grades? _____

Street Address (if known) _____

City _____ State _____ Zip _____ School Phone _____

FURTHER QUESTIONS

For the following questions, please explain any "yes" responses on a separate sheet.

- Yes No To the best of your knowledge, has this student ever used any type of non-prescription/non-medicinal drugs, alcohol, or tobacco, even if only experimentally?
- Yes No Has this student ever been in trouble with the law?
- Yes No Has this student ever been suspended, expelled, or asked to withdraw from any school attended?
- Yes No Has this student ever been evaluated, or referred for evaluation, for learning disabilities/difficulties?
- Yes No Is this student currently taking any prescribed medication or following any prescribed or recommended therapy or treatment?
- Yes No Has this student ever either skipped or repeated a grade? Please specify which grade.

CHURCH AFFILIATION

Church Name _____ Denomination _____

Name and Title of Pastor(s) _____

Street Address _____

City _____ State _____ Zip _____ Church Phone _____

Members Frequent attenders Infrequent attenders We are not affiliated with any church.

This information pertains to both parents This information pertains to only one parent (circle: father or mother)

OTHER INFORMATION

We first learned of The Cambridge School through:

- Board members
- Friends
- Minister
- Church Bulletin Board
- Newspaper, Magazine, Radio
- Telephone Book
- Internet

The factors most influencing us to apply to The Cambridge School are:

- Location
 - Christian Philosophy
 - Classical Teaching
 - Academic Rigor
 - Information Session
 - Dissatisfaction with current school
 - Recommendation of a TCS family
 - Desire to attend private school
 - other _____
- _____

Please respond to the following questions:

Describe your child's strengths, interests and abilities. Do you have any concerns for your child, academic or otherwise? _____

Who or what led you to The Cambridge School? _____

After reviewing the informational materials of The Cambridge School, especially the mission statement, distinctives, and Statement of Faith, why do you desire that your student attend The Cambridge School? _____

After becoming acquainted with the Cambridge Mission, Philosophy and Statement of Faith, describe your expectations of the School and how you see your family as part of The Cambridge School. _____

How do you hope TCS will assist you with your parenting? _____

The answers provided in this application are true, accurate and complete as of the signature date.

Signature of Father/Guardian: _____ Date: _____

Signature of Mother/Guardian: _____ Date: _____

Photo Release

The Cambridge School employs various methods of communicating with school parents, prospective families, and with other supporters. Periodically, we use photographs of our students in newsletters, brochures, on our website, and in other media that promote The Cambridge School and its students in a positive manner. By signing below you are granting permission for us to use school photos for the purpose stated above. *If you have questions about our publications or wish to limit how your child's photographs may be used, please contact the Head of School.*

Signature of Father/Guardian: _____ Date: _____

Signature of Mother/Guardian: _____ Date: _____

Non-Discrimination Policy

The Cambridge School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally made available to students at the school. The Cambridge School does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational and admissions policies, scholarship programs, or athletic and other school-administered programs.

