

Application for Admission 2023 – 2024 Academic Year

Email your completed form, one per child, to <u>hsclc@stgeorgeor.org</u> <i>After your application is received, you will be contacted to set up a family meeting time.

Please indicate the Learning Group for which you are applying:

□Pre-K/Kindergarten (4-5 years old)	Grades 1-3	Grades 4-6	Grades 7-9
Age your child will b	e in August 2023: _		

Monthly Tuition - \$235 (Sept - June) Scholarships Available - Applications may be requested at <u>hsclc@stgeorgeor.org</u>

Student Information		
Name: Last	First	MI
Preferred Name:	Date of Birth:	Gender: M 🗆 F 🗅
Street Address:		
City:	State: Z	Cip Code:
Is the applicant baptized Orthodox?	☐ Yes □ No If yes, Baptism	nal Name:
Family Information		
First Parent/Guardian:		
Name: Last	First	MI
Relationship to student:	Address (Please	check if same as student):
Street:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	
Employer:	Occupation:	
Email:	Work Phone:	



Second Parent/Guardian:			
Name: Last	First	MI	
Relationship to student:	Address (Please	check if same as student):	
Street:			
City:	State:	Zip Code:	
Home Phone:	Cell Phone:		
Employer:	Occupation:		
Email:	Work Phone:		
Church family currently attends: _			
In case of emergency, please list tw above. These individuals will also Primary Contact:		1 0	
Name: Last	First		
Relationship:	Home Phone:	Home Phone:	
Cell Phone:	Work Phone:	Work Phone:	
Secondary Contact:			
Name: Last	First		
Relationship:	Home Phone:		
Cell Phone:	Work Phone:		



Does your child have any allergies, medical conditions, or special needs? Yes \Box No \Box

If yes, please describe_____

Will he/she need to take medication while at the Learning Center? Yes \Box No \Box

If yes, please list _____

Does the Learning Center have permission to photograph your child during class time?

Yes 🗆 No 🖵

Application Questions:

1. How did you hear about St. George Home School Community Learning Center? What are the reasons your family and child would like to participate in this program?

2. Briefly describe your child's school history. Do you or your child have any experience with Classical, Montessori-style education, or homeschooling?



3. What are your child's special interests, talents, activities, and hobbies?

4. What are your child's greatest strengths?

5. In what areas do you hope to see your child make improvements?

6. What is your child's attitude toward school and learning?

I certify that the above information is true and accurate.

Parent Signature		Date
Date Rec'd	Date Assess	Admit