

CHESAPEAKE ACADEMY APPLICATION

CONFIDENTIAL (please print or type information)



For School Year _____ Please attach \$50 Application fee

Full Name of Child _____
(first) (middle) (last)

Nickname to be used at school _____

Gender M F Birth Date (M/D/Y) _____

Age as of September 30, 20____ : _____ (years) _____ (months)

Home Address _____
(street) (city) (state) (zip)

Mailing Address _____
(street) (city) (state) (zip)

Home Phone _____ Child's Social Security Number _____

Please check the incoming grade:

- Early Childhood:** Pre-kindergarten (3 & 4) Kindergarten
Lower School: Grade 1 Grade 2 Grade 3 Grade 4
Middle School: Grade 5 Grade 6 Grade 7 Grade 8

CONTACT INFORMATION

Parent/Guardian A _____

Relationship to applicant _____

Home Address (if different from applicant) _____

Mailing Address (if different from applicant) _____

Home Phone _____ Cell Phone _____ Email _____

High School or College _____ Year graduated _____

Graduate School _____ Year graduated _____

Occupation/Title _____

Business Firm _____ Phone _____

Business Mailing Address _____

Chesapeake Academy

107 Steamboat Road Post Office Box 8 Irvington, Virginia 22480
(804) 438-5575 (804) 438-6146 FAX
www.chesapeakeacademy.org

CONTACT INFORMATION (continued)

Parent/Guardian B _____

Relationship to applicant _____

Home Address (if different from applicant) _____

Mailing Address (if different from applicant) _____

Home Phone _____ Cell Phone _____ Email _____

High School or College _____ Year graduated _____

Graduate School _____ Year graduated _____

Occupation/Title _____

Business Firm _____ Phone _____

Business Mailing Address _____

CONTACT INFORMATION

Applicant's parents are Married Single Separated Divorced Widowed

Applicant lives with Mother Father Stepmother Stepfather Legal Guardian

To whom should all school correspondence be addressed? _____

Person(s) responsible for all tuition, fees, and donations while child is enrolled

_____ (name) _____ (email address)

_____ (mailing address)

RELATIONSHIPS

Are the applicant's parents or family members alumni of Chesapeake Academy?

If so, please provide name and year:

_____ (name) _____ (year)

Applicant Siblings

1. _____ (name) _____ (school) _____ (grade) _____ (age)

2. _____ (name) _____ (school) _____ (grade) _____ (age)

3. _____ (name) _____ (school) _____ (grade) _____ (age)

SCHOOL INFORMATION

Current School _____

Phone _____

Mailing Address _____

Principal or Head of School _____ Email _____

Authorization given to contact staff at previous school Yes No

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ Date _____

ABOUT APPLICANT

Please describe any extracurricular programs your child has attended or any special interests or awards your child has achieved (i.e. Sunday School, dance, sports, piano, etc.)

Has your child undergone any individual psychological assessment, educational evaluations, or received tutorial support? If yes, please explain and submit copies of all assessments and accommodations.

Please list any information that you might deem helpful to the school (i.e. birth history, medical/health details, chronic physical challenges, pertinent developmental history, recent transitions within the family, etc.)

Allergies Yes No

If yes, please elaborate _____

PARENT QUESTIONNAIRE

Describe your reasons for applying to Chesapeake Academy. What qualities of a school do you consider to be most important for your child's education?

Describe any significant events in your child's life; for example: achievements, school changes, transitions, personal setbacks or challenges.

What are your child's strengths? (personal and academic)

What areas of growth for your child are your highest priority?

Please note: Chesapeake Academy reserves the right to withdraw acceptance or dismiss the applicant from the Academy in the event that incomplete or incorrect information is provided. Chesapeake Academy will maintain, as far as possible, the confidentiality of any information provided. It is understood that the Director of Admission may disclose information for official purposes only.

Chesapeake Academy admits students of any race, color, religion, national or ethnic origin to all the rights, privileges, programs and activities generally made available to students at the school. It does not discriminate on the basis of race, color, religion, national and ethnic origin in the administration, educational policies, athletics, or other school administered programs.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (please print) _____

For school use only Fee paid Amount _____ Date _____ Check # _____

**PLEASE RETURN THIS FORM TO
Hilary Scott, Director of Admissions
Chesapeake Academy**

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