



APPLICATION FOR ADMISSION

CHATHAM ACADEMY APPLICATION INSTRUCTIONS AND CHECKLIST

- APPLICATION FORMS must be submitted with a non-refundable application fee of \$75.
- RECENT PHOTOGRAPH should be attached to your application.
- CURRENT PSYCHO/EDUCATIONAL TESTING by a licensed psychologist including intelligence and achievement testing (most recent).
- IEP – Most recent copy if applicable
- PLACEMENT TESTING is scheduled following receipt of the application form.
- CONFIDENTIAL TEACHER RECOMMENDATIONS provided by current teacher and/or other specialists to be emailed to Head of School, Laci Culbreth, at lculbreth@ChathamAcademy.com
- TRANSCRIPT RELEASE & CONFIDENTIALITY FORMS are submitted to Chatham Academy.
- FINANCIAL AID packet will be sent upon request. Please call for more information.

4 Oglethorpe Professional Blvd. | Savannah | GA | 31406
912.354.4047 ChathamAcademy.com
SAIS & Cognia Accredited

Chatham Academy Application for Admission – Page 2

STUDENT INFORMATION

Today's Date ____ / ____ / 20____ for School Beginning (month)_____ (year) 20 _____

Name of Applicant _____
Last First Middle

Preferred Name _____ Birthdate ____ / ____ / 20____

Address _____

City _____ State _____ Zip _____

Cell Phone (____) _____ Email _____

Ethnicity _____ Male Female Present Grade _____ Current School _____

Was the applicant adopted? Yes No If so, at what age? _____

Does the applicant know he/she is adopted? Yes No

If yes, discuss the applicant's adjustment to learning of adoption _____

EMERGENCY CONTACT

Name _____

Cell Phone (____) _____

Home Phone (____) _____

MEDICAL INFORMATION

Please indicate if your child has a history of:

- | | | |
|---|---|---|
| <input type="checkbox"/> Allergies (specify) | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Infectious Disease (specify) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Fainting | <input type="checkbox"/> Physical Handicap |
| <input type="checkbox"/> Convulsions/Seizures | <input type="checkbox"/> Headaches | <input type="checkbox"/> Vision Deficit |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Conditions | <input type="checkbox"/> Other |
| <input type="checkbox"/> Ear Infections/Tubes in Ears | <input type="checkbox"/> Hearing Deficit | |

Are there any situations or information that we should be aware of in order to further understand your child? Please Explain:

Does your child take any medication on a regular basis? _____ If yes, please list medication(s), dosage, times given, and reason

Chatham Academy Application for Admission – Page 3

FAMILY INFORMATION

With whom does the applicant reside? _____

Mother/Legal Guardian

Father/Legal Guardian

First & Last Name _____

Cell Phone (____) _____

(____) _____

Home Phone (____) _____

(____) _____

Email _____

Home Address _____

City/State/Zip _____ / ____ / _____

_____ / ____ / _____

Employer _____

Position _____

Business Address _____

City/State/Zip _____ / ____ / _____

_____ / ____ / _____

Business Phone (____) _____

Education _____

(____) _____

U.S. Citizen Yes No

Yes No

Grandparents

Maternal Grandparents

Paternal Grandparents

Names _____

Cell Phone (____) _____

(____) _____

Home Phone (____) _____

(____) _____

Email _____

Home Address _____

City/State/Zip _____ / ____ / _____

_____ / ____ / _____

IF CHILD DOES NOT LIVE WITH PARENTS IN ONE HOUSEHOLD, PLEASE FILL OUT THE FOLLOWING INFORMATION:

Step-Father Step-Mother Other

Step-Father Step-Mother Other

First & Last Name _____

Cell Phone (____) _____

(____) _____

Home Phone (____) _____

(____) _____

Email _____

Permission to share applicant's information with the above person Yes No

Chatham Academy Application for Admission – Page 4

EDUCATION HISTORY

Current School _____ Head/Principal & Counselor _____

School Address _____

City/State/Zip _____ / _____ / _____

Telephone () _____ Fax () _____

Please list all schools attended, beginning with current school:

Name of School	City & State	Grades Attended	Reason for Leaving
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has your child ever skipped or repeated a grade? Please state the grade(s), the school(s), and the circumstances involved.

Please list the kind of special counseling or remedial work your child is receiving/has received.

In what ways would you most like to see your child develop during his/her years at Chatham Academy?

Special interests, hobbies, and abilities of the applicant _____

Please describe briefly any particular circumstances, which may have affected the applicant's record in school including but not limited to attention or behavioral difficulties, difficulties in reading, math and/or language, medical needs, hospitalization(s), learning styles, and frequent changes of schools. Please include dates whenever possible: (continue on back if needed)

Name and relationship of any friends/relatives who have attended Chatham Academy _____

Has the applicant attended Summer Programs or Tutoring at Royce? Yes No What year(s)? _____