



Please Include a Recent Photo

The Community School of Naples

13275 Livingston Road

Naples, Florida 34109

Telephone: 239-597-7575 Fax: 239-598-2973

FOR OFFICE USE ONLY

Date Amount \$ By

APPLICANT INFORMATION:

First Name Middle Name Last Name Preferred First Name

Male Female

Date of Birth (month/day/year) Social Security number

Applicant to enter grade _____ To begin enrollment in: _____
(month/year)

ACADEMIC INFORMATION:

List each school attended for the past three years and dates of attendance:

Current School Name Current Grade Attended From (month/year) To Present

Current School Address

Previous School Name From To Previous School Name From To

FAMILY INFORMATION

Father/Guardian:

Dr./Mr. First Name Last Name

Address

City State Zip
(Subdivision)

Home () Cell ()

Fax () Email

Occupation

Business Name

Business Address

City State Zip
()

Business Phone

Please star () which address is to be used for all correspondence regarding this application.*

Marital status of parents: Single Married Separated Divorced Widowed

With whom does the student live? _____ Who has custody? Mother Father Joint

Who will be responsible for the payment of tuition and school fees? _____

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GUIDANCE AND ADMISSION INFORMATION:

Country of birth _____ Country of citizenship _____

If a citizen of a country other than the United States, will an Immigration Form be needed? Yes No

If a Student Visa based on an I-20 is not needed, what form of visa will the applicant use to enter the United States?

Please specify _____

Ethnic Group (Optional) African American Caucasian Middle Eastern Multiracial _____
 Asian American Latino/Hispanic Native American Other _____

Language spoken at home? _____

How did you first learn about The Community School of Naples? _____

Has the applicant previously applied to The Community School of Naples? Yes No

If yes, for what grade _____

Did the applicant previously attend The Community School of Naples? Yes No - Last year attended? _____

Has the applicant skipped a grade? Yes No If so, which grade? _____

Has the applicant repeated a grade? Yes No If so, which grade? _____

Has the applicant received disciplinary censure at school? Yes No

School Suspension? Yes No Dismissed? Yes No

Asked to withdraw by school? Yes No Probation? Yes No

Please share with us information about disciplinary matters:

Please share information to help us understand your child's athletic interests, talents and team participation:

Please describe your child as objectively as you can. What do you perceive are his or her strengths and weaknesses as you see your child at home and as a student at school? What special abilities and interests does your child have (i.e. athletic, artistic, musical, academic)? *(If preferred, put this information on a separate sheet of paper.)*

If the applicant has received or is receiving personal counseling, please provide information so that we may better understand and respond to your child's needs: _____

Has the applicant had intellectual or educational evaluations done outside of school? Yes No

If yes, please explain _____

Who conducted the study? _____

Name of Firm

Name of Consultant

Date

Address

Zip

Phone

Candidates with a disability who would like to request accommodations should identify themselves early in the application process. Documentation from a qualified professional is required and should either be enclosed with this application or sent directly to the Admissions Office. Auxiliary aids and services may be available on request. If the applicant has a disability and would like to request accommodation in the admissions process, please explain here.

FINANCIAL AID

Please note: The admissions policy of The Community School of Naples is need-blind; that is, your child's acceptance does not depend on the family's financial circumstances. Do you wish to receive information about The Community School of Naples' Financial Aid Program? Yes No Already have materials

SIBLING INFORMATION: Please list siblings:

Name	Date of Birth	Current School	Current Grade
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Name	Date of Birth	Current School	Current Grade
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Name	Date of Birth	Current School	Current Grade
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RELATIVE INFORMATION: Please list relatives who are or have attended The Community School.

Name	Relationship	Years Attended
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Name	Relationship	Years Attended
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ALUMNI INFORMATION: If the candidate's parents or siblings are alumni of The Community School of Naples, please provide name(s), including maiden name(s) and graduation year(s).

Name	Relationship	Year of Graduation
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Name	Relationship	Year of Graduation
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1. A non-refundable application fee of US \$100.00 is required of all applicants.
2. (I/We) hereby authorize The Community School of Naples to contact schools and other sources to obtain information to support this application and will not seek access to confidential recommendation and evaluation materials before or after (my/our) child's/ward's admission. The undersigned releases every person and institution from any and all liability resulting from or pertaining to the furnishing of records, documents and other information provided to The Community School of Naples for that purpose.
3. Your signature on this application verifies the enclosed information is correct and true. (If joint custody, both parents' signatures are required.)

Father/Guardian Signature	Date
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Mother/Guardian Signature	Date
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Thank you for your interest in The Community School of Naples.
Please mail your completed application and the application fee to the
The Director of Admissions, The Community School of Naples,
13275 Livingston Road, Naples, Florida 34109

Notice of Nondiscrimination Policy as to Students

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