

Chesterfield Innovative Academy for Girls
ADMISSION APPLICATION
2017-18

Applicant Information

Daughter's Full Name _____ Male ___ Female ___

Date of Birth _____

Primary Residence: Both Parents _____ Dad Only _____ Mom Only _____ Other _____

Student's Address: _____

Has anyone in the family previously attended Chesterfield Innovative Academy? Yes _____ No _____

If yes, please specify who and when _____

Is this daughter currently attending Chesterfield Innovative Academy for Girls? Yes _____ No _____

Parent Information:

Name/Relationship _____ Name/Relationship _____

Address _____ Address _____

City _____ City _____

State/Zip _____ State/Zip _____

Phone _____ Phone _____

Employer _____ Employer _____

Full or Part-time _____ Full or Part-time _____

Work Phone _____ Work Phone _____

List any and all siblings or other family members in the home with the applicant.

Name	Relationship	Living with you (Yes or No)

Admission Application

-2-

Are any other languages other than English spoken in the home? _____

I would like my daughter to attend CIA4Girls because _____

What do you see as your role as parent? _____

Please provide a brief description of your daughter. You might include special interests, talents, preferred activities and social temperament.

Are there any special circumstances (medical or developmental) that should be considered in evaluating your daughter as an applicant.

Does your daughter require any medication or medical services at school?

A \$50.00 application fee is required as well as documentation for proof of employment.

**Please include the last current six pay stubs as proof of employment and the 2016 tax return with your application.

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Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Chesterfield Innovative Academy for Girls does not discriminate on the basis of race, color, national or ethnic origin, family composition, nor physical disability in employment, admissions, educational policies, or in any other school-administered programs.

4836 Cascade Street, N.Chesterfield, VA 23234 (804-774-9414) Para espanol llame al (804-216-0516)

bettywalker@chesterfieldinnovativeacademyforgirls.org

www.chesterfieldinnovativeacademyforgirls.org

