



Admission Application: Chesterfield Innovative Academy For Girls

Full Name

Preferred name

Home Address

Telephone

Date of Birth

Academic Grade Applying For

Applicant's Current School or school experience

Principal/Head of School

School Address

School Phone

Family Information

Parent/Guardian
Name

Parent/Guardian
Name

Address if different from above

Address if different from above

Phone

Phone

Email

Email

Employer's contact name/number

Employer's contact name /number

Siblings and other family members in the home with applicant

Please fill out the back side of the application

4836 Cascade Street, N. Chesterfield, VA 23234 (804)-774-9414 para español llame al (804)-216-0516
cia4girls@gmail.com www.chesterfieldinnovativeacademyforgirls.org

Biographical Information

Please provide a brief description of your child. You might include special interests, talents, preferred individuals and family activities, and social temperament (eg: quiet, outgoing, reserved, shy)

I would like my daughter to attend CIA4Girls because _____

What do you see as your role as parent? _____

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 service at school?

Are any languages other than English spoken in the home?

\$50.00 application fee is required. Please return application with the fee to :
Chesterfield Innovative Academy For Girls 4836 Cascade Street, N. Chesterfield, VA 23234

Date of Application

Parent Signature

Parent Signature
