



KENT ACADEMY APPLICATION CHECKLIST

Student Name: _____

Parent(s) Name: _____

Previous/Present School: _____

Grade Applying For: _____

Desired Start Date at Kent: _____

NEEDED FOR APPLICATION:

- Application w/photo
- Application Fee (\$200) ck# _____
- Psychological and Educational Evaluation
- Release of Information
- Copies of last 2 years report cards
- Copies of last 2 years attendance record
- Educational Reference #1 _____
- Educational Reference # 2 _____
- Personal Reference _____
- Two Day Visit at Kent Academy- Dates: _____
- Teacher Assessment From Kent Academy Visit (Completed by Kent)
- Math & Reading Assessment (Completed by Kent)
- Other: _____



Attach
Photo

Kent Academy Application for Admissions

1814 Euclid Ave. Charlotte, NC 28203 - 704-996-8283

www.kentacademycharlotte.com

PLEASE TYPE OR PRINT

Applicant's Name:

Last: _____ First: _____ Middle: _____ Name Used: _____

Current Grade: _____ Current School: _____ Applying Grade: _____ Date of Desired Entrance: _____

Date of Birth: _____ S.S.#: _____ (Circle One) Male Female

Applicant Lives with: (Check all that apply)

Father _____ / Stepfather _____ / Other _____

Father Is Deceased _____ Parents Are Divorced _____

Mother _____ / Stepmother _____ / Other _____

Mother Is Deceased _____ Parents are Separated _____

Please Star () the preferred contacts for correspondence*

Father – Legal Guardian

Name: _____

(Last) (First)

Home Address: _____

(Street)

(City) (State) (Zip)

Cell Phone: _____

Email: _____

Home Phone: _____

Employer: _____

Position: _____

Work Phone: _____

Mother – Legal Guardian

Name: _____

(Last) (First)

Home Address: _____

(Street)

(City) (State) (Zip)

Cell Phone: _____

Email: _____

Home Phone: _____

Employer: _____

Position: _____

Work Phone: _____

Name of person to contact in case of an emergency (other than parents/legal guardians):

Name: _____ Relationship to Student: _____ Phone Number: _____

Do siblings of the applicant currently attend Kent Academy? _____ Yes _____ No

Are any siblings applying to Kent Academy at this time? _____ Yes _____ No

Please List Names & Grade Levels of Siblings:

Name _____ Grade _____ Name _____ Grade _____

Does your family have a home Church? ___ Yes ___ No If yes, name of church: _____

Denominational Preference:/ If one: _____

Briefly describe the role of faith/religion in your family's life: _____

Applicant's Educational Background:

School that the applicant is attending or last attended:

Name of School: _____

Address: _____

(Street)

(City)

(State)

(Zip)

Contact at Last School Attended: _____ Title: _____

Dates & Grade(s) Attended: _____ School Phone Number: _____

Full Disclosure is crucial in these areas. Lack of disclosure will result in denial of application and/or dismissal from the school if disclosure occurs after admittance.

Has the applicant ever been detained? _____ No _____ Yes (please comment below)

Has the applicant ever been referred for, tested for, or received any special help for ANY concern/disability? (This includes academic, behavioral, or emotional concerns) _____ No _____ Yes (If yes, please discuss the results & include a copy of any assessments or reports)

Has the student ever been diagnosed with any educational, social, or emotional disability? _____No _____Yes

If yes, please list : _____

Has the student ever been enrolled in any special education program or school? _____No _____Yes

(if yes, where)

Has your daughter/son ever been referred for or received professional, psychological, or personal counseling? _____No _____Yes

(if yes, please explain)

Does the student have any record of criminal offenses? _____No _____Yes

(if yes, please explain)

Has the applicant had any discipline problems? _____No _____Yes

(if yes, please give full details, including name of the school, year, and contact person for further such details. Attach a separate sheet of paper if necessary.)

Has the applicant had attendance/tardiness problems? _____No _____Yes

Has the Student ever been suspended, expelled, or withdrawn from school for any reason? _____No _____Yes

(if yes, please explain in full details, including name of school, year, and contact person for further details. Attach a separate sheet of paper if necessary.)

Does the student have a physical health problem of which the school should be aware? _____No _____Yes

(this may include special diets, prescriptions, or limitations on normal activities)

Please list the applicant's extracurricular interests, achievements, or musical instruments played:

Please explain why Kent Academy's focus on community outreach and field trips are valued and desired as a part of your child's education:

Information about your child

Does your child have any known allergies? (such as dust, drugs, plants, animals, food, etc) ____No ____Yes (Please list them below & be as specific as possible)

Please give information which will be helpful to us in your child's school experience (play, eating habits, special fears, special likes or dislikes, etc.)

Please tell us how you first learned about Kent Academy:

Please check what aspects of Kent Academy are most influencing you to apply:

____Academic Reputation ____Philosophy ____Desire to attend a Private School ____Discipline ____Class Size

____Community Outreach/Field Trips ____Recommendation of other Kent Academy Families ____Creative Approaches & Curriculum

Other reasons you want your child to attend Kent Academy? (please explain)

Confidential Remarks

If you have further information which may assist in the guidance of your son or daughter at Kent Academy, please use the space below or attach a separate sheet of paper.

Kent Academy Philosophy

I understand that my student will be taught according to the philosophy of Kent Academy. I understand the academy nurtures faith, family, community, and grace. It is my desire to support this philosophy in the education and parenting of my child(ren).

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Kent Academy does not discriminate in enrollment or in the provisions of its programs or services on the basis of gender, race, national or ethnic origins, nor does the school discriminate in employment on the basis of gender, race, national or ethnic origins, age, or disability.



KENT ACADEMY

Director: Jane K. Gardner, Ph.D

RELEASE OF INFORMATION

I hereby authorize the release of information on _____ to and/or from Kent Academy. This information will be used for the sole purpose of providing professional information for the above named.

This informed consent has been explained to me and I understand the information to be released. It is understood that I am entitled to confidentiality and that the communications made in this release will be limited to those directly involved in receiving, providing or sharing in the educational and professional services of the above named. I do also release and forever discharge Kent Academy, its officers and agents from all suits, claims, damages, demands, liabilities, costs, and expenses, which may result from these communications.

I understand that I may revoke my consent at any time by giving written notice to Kent Academy. Such revocation does not affect the validity of my consent for information released prior to the revocation.

Student: _____

Date: _____

Parent: _____

Date: _____

Director: _____
Jane K. Gardner, Ph.D

Date: _____