

Roxboro Community School

We place children first.....

2007 – 2008 Student Application Information

1. Application for Grade: _____

2. Applicant's Name: (Please indicate with * the preferred name to be called)

First	Middle	Last
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3. Applicant's Birthday: _____ 4. Male: _____ Female: _____

5. Applicant's Ethnicity / Race _____

6. Applicant's Home Phone: (____) _____

7. Applicant's Social Security Number _____

8. Applicant's Physical Address:

Street	City	State	Zip
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9. Applicant's Mailing Address (if different from above):

Street	City	State	Zip
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10. County in which applicant lives: _____

11. Any siblings also applying to attend Roxboro Community School? Yes _____ No _____

Siblings Name _____ Grade _____

12. Board Member or Staff Member's child? Yes: _____ No: _____

Applicant's School History

1. School Currently Attending: _____

2. School's Mailing Address:

Street	City	State	Zip
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3. Present School's Phone No: () _____ Fax No: () _____

4. Present School's Principal's Name: _____

5. Grade Level at Present School: _____

6. Has applicant ever had a long-term suspension (10 days or more) or expulsion from present school or any other North Carolina Public School System or private school?

Yes: _____ No: _____

*If yes, please explain in detail and give date(s). Please use additional paper if necessary.

7. Has applicant ever had a short-term suspension? Yes _____ No _____
(less than 10 days)

*If yes, please explain in detail and give date(s). Please use additional paper if necessary.

8. Is applicant presently being served with an Exceptional Children's Individual Educational Plan?

Yes: _____ No: _____

If yes, please indicate area of service receiving and when current IEP re-evaluation is due.

***Roxboro Community School cannot admit students who have been suspended or expelled from their prior school.**

Parent's / Legal Guardian's Information

1. **Father:** _____
First Middle Last

Home Address: _____
Street City State Zip

Home Telephone Number: () _____

Father's Place of Employment: _____

Father's Work No: () _____ Father's Cell No: () _____

Father's Email Address: _____

2. **Mother:** _____
First Middle Last

Home Address if different from above: _____
Street City State Zip

Home Telephone Number if different from above: () _____

Mother's Place of Employment: _____

Mother's Work No: () _____ Mother's Cell No: () _____

Mother's Email Address: _____

3. **Legal Guardian:** (If different from above) Relationship to Applicant: _____

Home Address: _____
Street City State Zip

Home Telephone Number: () _____

Guardian's Place of Employment: _____

Guardian's Work No: () _____ Guardian's Cell No: () _____

Guardian's Email Address: _____

Emergency Contact Information

Who does the school contact when an emergency arises and the parent and/or guardian cannot be reached?

First	Middle	Last
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Relationship to the Applicant: _____

Home Address: _____

Street	City	State	Zip
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Home Telephone Number: () _____

Place of Employment: _____

Work No: () _____ Cell No: () _____

Emergency Contact's Email Address: _____

Can the Emergency Contact Pick Up Applicant in an emergency? Yes_____ No_____

I have filled out this application fully and certify that it is correct and accurate. I understand that if any information given in this application is found to be false I will lose my child's opportunity to be accepted at Roxboro Community School.

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

Guardian's Signature: _____ Date: _____

Please attach a copy of your student's latest Report Card from their present school.

Return Completed Application to:

Roxboro Community School
115 Lake Drive, Roxboro, North Carolina 27573
Telephone: 336-597-0020 Fax: 336-597-3152
www.roxborocommunityschool.org

If applications exceed allotted space, admission to Roxboro Community School will be by lottery held at a date to be determined.

FOR SCHOOL ADMINISTRATIVE USE ONLY. PLEASE DO NOT ENTER ANY INFORMATION HERE

Date and Time Received: _____ **Lottery Number if Necessary:** _____