

# *Roxboro Community School*

*We place children first.....*

## *Student Application*

*2008 - 2009*

*Please print, complete and return to:*

*Roxboro Community School  
115 Lake Drive  
Roxboro, North Carolina 27573*

*Telephone: 336-597-0020 Fax: 336-597-3152*  
[www.roxborocommunityschool.org](http://www.roxborocommunityschool.org)

### *Roxboro Community School's Mission Statement*

- It is the mission of Roxboro Community School to achieve and maintain educational excellence by providing a small, inviting and nurturing school.*
- Roxboro Community School will value and respect each member of our school family, thus enabling everyone to become effective, productive citizens.*
- Roxboro Community School will provide an environment that will direct our students to focus on relevant and rigorous learning that will continue after high school.*

### *Roxboro Community School's Core Beliefs*

- Children learn best in a nurturing, supportive environment.*
- A quality education teaches children to be critical thinkers, who are independent, lifelong learners.*
- An ideal curriculum focuses on relevant learning that is creative and mindful of different learning styles and offers academic choice, while maintaining high academic standards.*
- Active involvement in community service and civic projects is the best means of teaching students their responsibility as citizens and the importance of their roles in shaping the future of their community.*

## 2008 – 2009 Student Application Information

1. Application for Grade: \_\_\_\_\_
2. Applicant's Name: (Please indicate with \* the preferred name to be called)
- 
- |       |        |      |
|-------|--------|------|
| First | Middle | Last |
|-------|--------|------|
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 (Student must live in NC and provide proof of residency at time of enrollment):

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

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Street	City	State	Zip
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10. County in which applicant lives: \_\_\_\_\_
11. Any sibling(s) currently attending Roxboro Community School? Yes: \_\_\_\_\_ No: \_\_\_\_\_
- Sibling(s) Name \_\_\_\_\_ Grade \_\_\_\_\_
12. Is applicant the child of a Board Member or Staff Member? Yes: \_\_\_\_\_ No: \_\_\_\_\_
- Name of Board/Staff Member: \_\_\_\_\_

### Applicant's School History

1. School Currently Attending: \_\_\_\_\_
2. School's Mailing Address: \_\_\_\_\_
- 
- |        |      |       |     |
|--------|------|-------|-----|
| Street | City | State | Zip |
|--------|------|-------|-----|
3. Present School's Phone No: ( ) \_\_\_\_\_ Fax No: ( ) \_\_\_\_\_
4. Present School's Principal's Name: \_\_\_\_\_ 5. Current Grade: \_\_\_\_\_
6. Has applicant ever had a long-term suspension (10 days or more) or expulsion from present school or any other school system or private school anywhere? 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 (less than 10 days)? Yes: \_\_\_\_\_ No: \_\_\_\_\_

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

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

8. Is applicant presently being served with an Exceptional Children's Individual Educational Plan (IEP)?
- Yes: \_\_\_\_\_ No: \_\_\_\_\_ **If yes, a copy of the most current IEP must be attached to this application. \***

*\*Applications are not complete and the applicant will not be considered for enrollment until all information requested is attached.*

9. Is applicant presently being served with a 504 Educational Plan? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**If yes, a copy of the current 504 Plan must be attached to this application. \***

10. Does the applicant have any medical condition that might impact his educational experience?

Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, on a separate sheet of paper, please provide a detailed explanation of the medical condition and what action(s) you expect from the school in order to best meet your child's medical condition. \***

11. Are there any special circumstances that the school needs to know about the applicant?

Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, on a separate sheet of paper, please provide a detailed explanation of the circumstances the school needs to be aware of. \***

### Parent/Guardian Information

What is the status of the applicant's biological parents?

Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Deceased \_\_\_\_\_

If divorced, separated, or deceased, who has legal custody? Mother \_\_\_\_\_ Father \_\_\_\_\_ Joint \_\_\_\_\_ Guardian \_\_\_\_\_

#### 1. Father/Stepfather: (Circle one)

Name: \_\_\_\_\_  
First Middle Last

Current Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Home Number: ( ) \_\_\_\_\_ Work No: ( ) \_\_\_\_\_ Cell No: ( ) \_\_\_\_\_

Father's Place of Employment and Address: \_\_\_\_\_

Father's Email Address: Home \_\_\_\_\_ Work \_\_\_\_\_

#### 2. Mother/Stepmother: (Circle one)

Name: \_\_\_\_\_  
First Middle Last

Home Address if different from above: \_\_\_\_\_  
Street City State Zip

Home Number: ( ) \_\_\_\_\_ Work No: ( ) \_\_\_\_\_ Cell No: ( ) \_\_\_\_\_

Mother's Place of Employment and Address: \_\_\_\_\_

Mother's Email Address: Home: \_\_\_\_\_ Work: \_\_\_\_\_

#### 3. Legal Guardian (if other than above): (Legal Documentation is required)\* Relationship to Applicant \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last

Home Address: \_\_\_\_\_  
Street City State Zip

Home Number: ( ) \_\_\_\_\_ Work No: ( ) \_\_\_\_\_ Cell No: ( ) \_\_\_\_\_

Guardian's Place of Employment and Address: \_\_\_\_\_

Guardian's Email Address: Home \_\_\_\_\_ Work \_\_\_\_\_

**\*Applications are not complete and the applicant will not be considered for enrollment until all information requested is attached.**

4. **Applicant Lives With:** Both Parents \_\_\_\_\_ Mother Only \_\_\_\_\_ Mother and Stepfather \_\_\_\_\_  
Father Only \_\_\_\_\_ Father and Stepmother \_\_\_\_\_ Guardian \_\_\_\_\_ Grandparent \_\_\_\_\_  
Foster Parent \_\_\_\_\_ Other \_\_\_\_\_

5. **Emergency Contact Information:** Who does the school contact when an emergency arises and the parent and/or guardian cannot be reached?

\_\_\_\_\_  
First Middle Last

Relationship to the Applicant: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Home Number: ( ) \_\_\_\_\_ Work No: ( ) \_\_\_\_\_ Cell No: ( ) \_\_\_\_\_

Place of Employment and Address: \_\_\_\_\_

Emergency Contact's Email Address: Home \_\_\_\_\_ Work \_\_\_\_\_

Can the Emergency Contact pick up Applicant in an emergency? Yes \_\_\_\_\_ No \_\_\_\_\_

**REPORT CARD: Please attach a copy of your student's last year's Report Card and his/her most recent Report Card from his/her present school. \***

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: \_\_\_\_\_  
Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***\*Applications are not complete and the applicant will not be considered for enrollment until all information requested is attached.***

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

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

**Grade Applying:** \_\_\_\_\_

**Report Card Attached:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_

**IEP Attached (if applicable):** \_\_\_\_\_

**Time Received:** \_\_\_\_\_

**504 Plan Attached (if applicable):** \_\_\_\_\_

**Lottery Number:** \_\_\_\_\_