

Roxboro Community School

We place children first.....

Student Application

2009 - 2010

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

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.*

2009 – 2010 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):

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 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: _____

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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**

Grade Applying: _____

Report Card Attached: _____

Date Received: _____

IEP Attached (if applicable): _____

Time Received: _____

504 Plan Attached (if applicable): _____

Lottery Number: _____