

# Roots Community School

## New Student Enrollment Application

### CORE ACADEMIC PROGRAM *(Monday – Friday)*

#### STUDENT INFORMATION

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

Sex:  F  M

\_\_\_\_\_  
Preferred Name or Nickname Birthdate

Applying For:  Ages 5-6

Ages 6-11

Is there a sibling also applying for The Roots Community School?  Yes  No

#### PARENT/GUARDIAN INFORMATION

\_\_\_\_\_  
Parent/Guardian 1

\_\_\_\_\_  
Parent/Guardian 2

\_\_\_\_\_  
Parent/Guardian 1 Spouse/Partner

\_\_\_\_\_  
Parent/Guardian 2 Spouse/Partner

\_\_\_\_\_  
Parent/Guardian 1 Address

\_\_\_\_\_  
Parent/Guardian 2 Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Parent/Guardian 1 Primary Phone

\_\_\_\_\_  
Parent/Guardian 2 Primary

\_\_\_\_\_  
Parent/Guardian 1 Secondary Phone

\_\_\_\_\_  
Parent/Guardian 2 Secondary Phone

\_\_\_\_\_  
Parent/Guardian 1 Occupation/Employer

\_\_\_\_\_  
Parent/Guardian 2 Occupation/Employer

\_\_\_\_\_  
Parent/Guardian 1 E-Mail

\_\_\_\_\_  
Parent/Guardian 2 E-Mail

Does student live with both parents? \_\_\_\_\_ If no, with whom does the child live? \_\_\_\_\_

If child lives with a guardian, name of guardian and relationship to child: \_\_\_\_\_

How did you hear about The Roots Community School?

Friend  Acquaintance  Website  Flyer  Saw the school location

Craigslist Ad  Other: \_\_\_\_\_

The purpose of these questions is to better understand your expectations and to aid us in finding the best match with families that will thrive in a hands-on environment and contribute positively to our existing community. Please print or type your responses to the following questions. Attach additional sheets if necessary.

1. Educational & Peer Group Experience

Name of Preschool, Elementary School, Homeschool Experience and/or Peer Group Experience	City, State	Start Date	End Date	Grades or Classes Attended

2. Why are you considering The Roots Community School (“Roots”) for your child?

3. What are your educational goals for your child and how do you see Roots facilitating these goals?

4. What situations or activities does your child enjoy or excel in?

5. What situations or activities cause tension or stress for your child?

6. If your child has ever been suspended or withdrawn from school or other organized activities, please describe the situation.

7. Please describe any special needs that your child has (educational, physical, medical or psychological). If your child has received any testing, evaluations or diagnosis that would relate to their academic or social performance, **please send copies** of results to Roots before the application deadline.

8. Roots requires a high level of parent participation and support. We do not have required hours set at this time. We work with families to find the best fit for appropriate tasks to complete these. Family membership duties- cleaning the school 2 or 3 times per year. Are you able and willing to fulfill this time commitment?

YES     NO     UNSURE

9. Roots relies on the strong and enthusiastic energy of our parents to enrich student learning and school community. What skills and talents are you willing to share with us if given the opportunity?

10. As of now, through what age or grade do you anticipate our school being a good fit with your and your child's educational needs?

1 Year     Several Years     Full Elementary Program     Unsure

11. Please share anything else about your child or yourself that you feel would help us know you better.

**Roots FAMILY MEMBERSHIP DUTIES**

The duties of membership are as follows and are detailed in the Member Handbook.

- Prompt Tuition and Fee Payment
- Attendance at Orientation, Parent Meetings & Trainings
- Fulfilling a Classroom Support Role
- Serving on a School Support Team
- Required Routine Cleaning Shifts & Deep Cleaning Events

INITIALS
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***I acknowledge that I have read and understand the Membership Duties as outlined above.***

**COMPLETING & SUBMITTING YOUR APPLICATION**

Submit ALL of the following items by the application deadline to: Roots Community School, P. O. Box 1823, Chelan, WA 98816

- Completed Application Form
- \$80 Application Fee per Student (*non-refundable*)
- Teacher Evaluation Form
- Relevant copies of evaluation and test results (medical, educational, psychological)

Complete the following actions – contact ***info@RootsCommintySchool.com*** to schedule:

- Applicants age 5 – Parent/teacher interview
- Applicants age 6-11 – Parent/teacher interview

***By my signature below, I submit that everything in this application is true and accurate to the best of my knowledge.***

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*Today's Date*

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*Signature*

***SERVING STUDENTS WITH SPECIAL NEEDS***

*While The Roots Community School makes every effort to accommodate many unique student needs, at this time we do not have the resources to provide services for students with certain challenges and we evaluate each application carefully to determine if we can meet individual needs.  
Please contact us immediately if you have questions or concerns regarding your child.*

***NON-DISCRIMINATION POLICY***

*The Roots Community School does not discriminate on the basis of religion, race, color, creed, national or ethnic origin, sexual orientation, family make-up or circumstances or any other legally protected status in the hiring of staff or in the administration of educational policies or programs, admissions policies or any other school administered programs.*

**Office Use Only**

ALL ITEMS BELOW RECEIVED BY DUE DATE:     YES     NO

**Items received:**

- |  |  |
|--|--|
| <input type="checkbox"/> Application Fee                   | <input type="checkbox"/> Teacher Evaluation Form       |
| <input type="checkbox"/> Copies of Evaluation/Test Results | <input type="checkbox"/> Student Observation Completed |

Reviewed by: \_\_\_\_\_

Reviewer 2 \_\_\_\_\_ Reviewer 3 \_\_\_\_\_