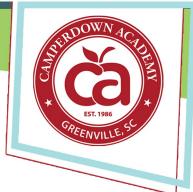
Application for Enrollment

Student Information

	OREENVILLE, SE
Applicant's Name First Middle	Last
Date of Birth/ Male Fema	le
Current Age Preferred Name	
Home Address	
City/State/Zip Child lives with	
Parent Information 1	Parent Information 2
Name Mr. Mrs. Ms. Dr. Other	Name ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Other
Home Address	Home Address
City/State/Zip	City/State/Zip
Home Phone	Home Phone
Cell Phone	Cell Phone
Email	Email
Occupation	Occupation
Employer	Employer
Work Address	Work Address
Work Phone	Work Phone
Work Email	Work Email
Please check if appropriate: Father is deceased	Parents Divorced Father remarried
Please check if appropriate: Mother is deceased	Parents Divorced Mother remarried



Student Educational Information

Current School	Current Grade
Previous School	Dates Attended
Tutoring Services? Yes No Dates of Service	Frequency
Has your child ever repeated a grade? Yes No	
If yes, for what reasons?	
Will you be applying for financial aid if admitted? Yes No	
Has your child ever attended Camp Creekside? Yes No	If so, When?
How did you hear about Camperdown Academy?	
Student Clinical Information	
Current Diagnoses (please list all)	
Therapies and/or Counseling and dates	
Therapies (Speech, vision, occupational) and dates	
Student Medical Information	
Medications (list all)	
For what conditions?	
Glasses/Corrective Lense(s) Yes No Hearing Aid	Yes No
Dietary Restrictions	
Allergies	
Chronic Illnoco	

Family Information

Sibling	D.O.B.	Current School		Grade
Sibling	D.O.B.	Current School		Grade
Sibling	D.O.B.	Current School		Grade
Sibling	D.O.B.	Current School		Grade
Family members wh	no attended Camperdown			
Name	Relationship		Date	
Name	Relations	hip	Date	

Parent Questionnaire

Write a brief paragraph describing your child.

What are your child's primary strengths, both personal and academic?

What are his/her areas of greatest need?

How do you believe your child can benefit from Camperdown?