



The Cooper School

13 OAKDALE PLACE | CHARLESTON | SOUTH CAROLINA | 29407

APPLICATION FOR SCHOOL YEAR 2017-2018

Current Grade: _____ Please circle grade for which you are applying:

Kindergarten First Grade Second Grade Third Grade Fourth Grade Fifth Grade

If you are applying for the current school year, please check here : _____

CHILD'S NAME:

First

Middle

Last

Preferred Name

Please Circle: Male/Female Age: _____ Date of Birth: _____

Ethnic Background (Optional): *We are required by professional organizations such as the National Association of Independent Schools to provide statistical data regarding the ethnic origin of our students. Please indicate how you would like your child to be classified.*

African American Asian American Caucasian Middle Eastern Asian
American Multiracial Native American International Latino/Hispanic Pacific Islander

CHILD'S INFORMATION:

Street Address

City

State

Zip

Home Phone

Citizenship

Place of Birth

Present School

Dates Attended

Previous School

Dates Attended

PARENT OR GUARDIAN:

First	Middle	Last
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Relationship to Child

Home Address

Home Phone	Cell Phone
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Email Address (For School Communication)

Employer Occupation

Business Address

Business Phone

PARENT OR GUARDIAN:

First	Middle	Last
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Relationship to Child

Home Address

Home Phone	Cell Phone
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Email Address (For School Communication)

Employer Occupation

Business Address

Business Phone

If parents are separated or divorced, which parent(s) or guardian(s) should receive admission office correspondence?

SIBLINGS:

Name	Age	School
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Name	Age	School
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APPLICANT HISTORY:

Describe briefly her/his temperament and personality. _____

What kind of activities does she/he enjoy? _____

How does she/he get along with other adults? _____

How does she/he get along with peers? _____

Please list/discuss any particular developmental issues (medical, psychological, learning) and/or any concerns you have about your child. Please include specialists seen and treatment provided. _____

Describe briefly your child's language development currently and over time. _____

What languages are spoken in your home? _____

Describe briefly your child's motor development currently and over time. _____

Is there any additional information about your child that you feel would be important for us to know? _____



From whom did you hear about The Cooper School? _____

PARENT OR GUARDIAN SIGNATURE(S):

Print Name Signature Date

Print Name Signature Date

** This application will not be considered without a current photo and a non-refundable application fee in the amount of \$75 payable to The Cooper School. Please mail application, application fee and photo to The Cooper School, 13 Oakdale Place Charleston, SC 29407.*

PARENT CHECKLIST:

- ___ Completed Application
- ___ Check
- ___ Photo

FOR SCHOOL USE ONLY

Interview Date _____

- ___ Receipt of previous school records
- ___ Receipt of teacher recommendation

The Cooper School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to its students. The Cooper School does not discriminate on the basis of race, color, national and ethnic origin, sexual orientation, or gender identity in the administration of its educational policies, admissions policies, scholarship, and athletic and other school-administered programs.

