



# The COOPER School

13 OAKDALE PLACE | CHARLESTON | SOUTH CAROLINA | 29407

## APPLICATION FOR SCHOOL YEAR 2020-2021

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:

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First	Middle	Last
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Relationship to Child

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Home Address

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Home Phone	Cell Phone
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Email Address (For School Communication)

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Employer Occupation

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Business Address

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Business Phone

PARENT OR GUARDIAN:

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First	Middle	Last
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Relationship to Child

---

Home Address

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Home Phone	Cell Phone
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Email Address (For School Communication)

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Employer Occupation

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Business Address

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Business Phone

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

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SIBLINGS:

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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? \_\_\_\_\_  
\_\_\_\_\_

What makes your child smile? \_\_\_\_\_  
\_\_\_\_\_

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? \_\_\_\_\_



