

9811 Godwin Drive  
Manassas, VA 20110  
703-331-1303  
Application fee: \$75



**APPLICATION FOR ADMISSION**

**FOR OFFICE USE ONLY**

Date application received \_\_\_\_\_ Date application fee received \_\_\_\_\_

Deposit received \_\_\_\_\_ Deposit received by \_\_\_\_\_

Comments: \_\_\_\_\_

**THE APPLICANT**

When would the applicant begin at The Compass School? \_\_\_\_\_

Desired Schedule: \_\_\_\_\_

Child's Name  
First \_\_\_\_\_ (Nickname) \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Home Address  
\_\_\_\_\_  
\_\_\_\_\_

Home Telephone ( ) - \_\_\_\_\_ Cellular ( ) - \_\_\_\_\_

Home Fax ( ) - \_\_\_\_\_ E-mail \_\_\_\_\_

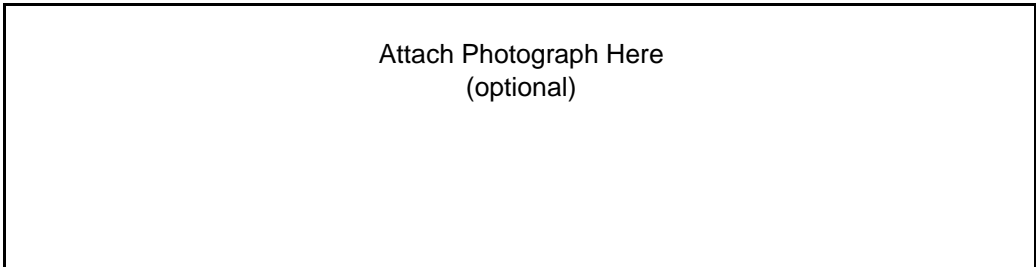
Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_

Gender \_\_\_\_\_

Are there any allergies, and/or intolerance to food, medication, or any other substances that we need to be aware of?  
If so, please list, and describe actions to be taken in an emergency situation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any chronic physical problems and/or pertinent developmental information that we need to be aware of?  
If so, what special accomodations are needed, if any? \_\_\_\_\_  
\_\_\_\_\_

Please list applicant's talents, interests, hobbies, club memberships and/or activities:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**THE APPLICANT'S FAMILY**

Parent/Guardian	Parent/Guardian
Title (circle one): Mr., Mrs., Miss, Dr., Rev.	Title (circle one): Mr., Mrs., Miss, Dr., Rev.
Relationship to applicant: _____	Relationship to applicant: _____
Name: _____	Name: _____
Telephone: (    ) - _____	Telephone: (    ) - _____
Address: _____ _____	Address: _____ _____
Employer's Name _____	Employer's Name _____
Telephone: (    ) - _____	Telephone: (    ) - _____
Fax: (    ) - _____	Fax: (    ) - _____
Address: _____ _____	Address: _____ _____
Position/Title: _____	Position/Title: _____
Work Hours: _____	Work Hours: _____

Check all that are applicable:

_____ Parents married	_____ Mother remarried	_____ Other (please explain)
_____ Parents divorced	_____ Father remarried	_____
_____ Parents separated	_____ Mother deceased	_____
	_____ Father deceased	_____

Applicant Lives With:

_____ Mother	_____ Both
_____ Father	_____ Other

Child's Physician or Christian Science Practitioner:

Name	Address	Phone Number
1. _____	_____	_____

Name, Addresses, and Phone Numbers (day & evening) of other individuals authorized to pick child up from The Compass School on a regular basis:

Name	Address	Phone Numbers
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Additional people authorized to pick up on an occasional basis, along with conditions for release:

Name                      Address                      Phone Numbers                      Conditions for releasing to:

1. \_\_\_\_\_

2. \_\_\_\_\_

Emergency Contacts: Please provide Name, Address, Phone #, and Relationship of two individuals authorized to pick up the child from school in case of illness, accident, or emergency, if parents or guardians cannot be reached:

1. \_\_\_\_\_

2. \_\_\_\_\_

**GENERAL INFORMATION**

How did you learn about the Compass School? \_\_\_\_\_

Have you ever taken a tour of the school?                      yes                      no                      If yes, when? \_\_\_\_\_

Program Need:

\_\_\_\_\_ Infant                      \_\_\_\_\_ Toddler                      \_\_\_\_\_ Two's  
\_\_\_\_\_ Kindergarten                      \_\_\_\_\_ Summer                      \_\_\_\_\_ Preschool  
\_\_\_\_\_ Public Kindergarten Before OR After                      \_\_\_\_\_ Public Kindergarten Before AND After                      \_\_\_\_\_ Schoolage Before/After

Desired days of the week:  
\_\_\_\_\_

Per Virginia Department of Social Services requirements, please provide the following additional information:

Name & Location of previous child day care center and/or schools attended (if applicable):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Please list any additional programs or schools your child is currently attending (if applicable):

Name: \_\_\_\_\_ Grade/ Class Level: \_\_\_\_\_

People with disabilities are encouraged to make a representative of The Compass School aware of their needs so we can make reasonable accommodations.

The undersigned agree that the information furnished on the Application for Admission form, together with all information and materials of any kind received by the Admissions Office, shall be considered confidential and shall not be disclosed to anyone (other than The Compass School personnel and Virginia Department of Social Services representatives), including the applicant and the applicant's family.

1. \_\_\_\_\_  
Signature of Parent/Guardian                      Date

2. \_\_\_\_\_  
Signature of Parent/Guardian                      Date

