

3989 N. Hampton Drive
Powell, Ohio 43065
(614) 764-8844
Application Fee: \$75.00



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 Schools? _____

Desired Schedule: _____

Child's Name

First	(Nickname)	Middle	Last
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Home Address

Home Telephone () - Cellular () -

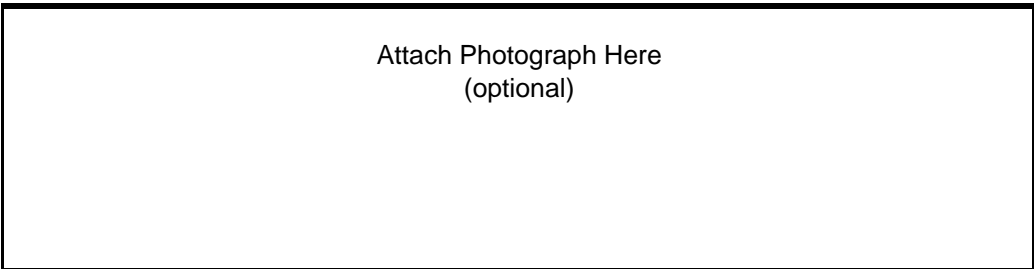
Home Fax () - E-mail _____

Date of Birth _____ Social Security # - -

Gender _____

Are there any health or educational needs of which we should be aware of which will help us plan and provide for the applicant's educational experience? _____

Please list applicant's talents, interests, hobbies, club memberships and 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: _____

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

Applicant's Brother(s) and/or Sister(s):

	Name	Date of Birth	Current School
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

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 _____ Preschool full day
_____ Kindergarten _____ Summer _____ Half Day (Preschool)
_____ Public Kindergarten Before OR After _____ Public Kindergarten Before AND After _____ Schoolage Before/After

Other: _____

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 ODHS representatives), including the applicant and the applicant's family.

1. _____
Signature of Parent/Guardian Date

2. _____
Signature of Parent/Guardian Date

Additional Authorizations Pending Enrollment:

Photograph Permission Authorization:

From time to time, The Compass School is contacted by members of the print or television media. Filming and/or still photographs by these mediums may be shared with the general public through featured articles, film clips, etc. The following will serve as your permission, or denial, for your child(ren) to participate in these events. By signing below you are giving permission for your child(ren) to participate in events which may result in pictures intended for general distribution through newspapers or television feature articles. Final decisions as to the use of pictures/film is at the discretion of those reporting events.

Signature of Parent/Guardian Date

Parent Roster Authorization:

By signing below, you are giving permission to The Compass School for your name and telephone number to be listed as part of the yearly Compass School family roster, which is available only to those families enrolled at Compass that would like a copy. Your signature, or lack thereof, will determine your desire to be listed on the roster.

Signature of Parent/Guardian Date