

THE CHARLES SCHOOL

AT OHIO DOMINICAN UNIVERSITY

1270 Brentnell Ave, Columbus OH 43219
Phone (614) 258-8588 Fax (614) 258-8584

Application for Enrollment 2009 – 2010

Name: _____
First Middle Last

Date of Birth: _____ City/State of Birth: _____

Gender: M F Ethnicity: Asian Black Hispanic Multiracial Native American White

Address: _____
Street City Zip

Home Phone Number: _____

Previous school attended: _____

School district of residence: _____

Current Grade Level: _____ Do you have an IEP or current learning plan? _____

How did you hear about The Charles School? _____

Parent/Guardian Name: _____

Relationship: _____ Lives with student? Y N Shared custody

Email address: _____

Work Phone: _____ Cell Phone: _____

Parent/Guardian Name: _____

Relationship: _____ Lives with student? Y N Shared custody

Email address: _____

Work Phone: _____ Cell Phone: _____

I, (student name) _____, understand that The Charles School is a non-smoking campus. I am not permitted to smoke while on campus or during a school-related activity. I also understand that I am not permitted to drive to school without a signed parking pass from the administration of The Graham School.

Student Signature

Date

Parent/Guardian Signature

Date

For Office Use Only

App. Rec _____	Interviewer _____	Acc. Letter _____	eSIS Entry _____
Int. Date _____	Int. Comp. _____	Conf. Date _____	
Int. Time _____	Status _____	Conf. of A _____	