

THE CHARLES SCHOOL

AT OHIO DOMINICAN UNIVERSITY

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

Application for Enrollment 2010 – 2011

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: _____

School currently attending: _____

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 Charles School.

Student Signature

Date

Parent/Guardian Signature

Date

The Charles School at Ohio Dominican University does not discriminate on the basis of race, creed, national origin, ethnicity, religion, gender, sexual orientation, mental or physical disability, special needs, English language proficiency, athletic ability, or academic achievement.

For Office Use Only

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