

# THE CHARLES SCHOOL

AT OHIO DOMINICAN UNIVERSITY

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

## Application for Enrollment 2012 – 2013

Name: \_\_\_\_\_

*First*

*Middle*

*Last*

Date of Birth: \_\_\_\_\_ City/State of Birth: \_\_\_\_\_

Gender: M F Is the student Hispanic? Yes No

Ethnicity (*check all that apply*): (I) American Indian or Alaskan Native (A) Asian (B) Black or African-American  
(P) Native Hawaiian/Other Pacific Islander (White)

Address: \_\_\_\_\_

*Street*

*City*

*Zip*

Home Phone Number: \_\_\_\_\_

\*\*\*\*\*  
School currently attending: \_\_\_\_\_

School district of residence: \_\_\_\_\_ ***Proof of Residency required***

2012-2013 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: \_\_\_\_\_

***If student is not living with a biological parent a legal proof of guardianship signed by a judge or magistrate is required.***

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 \_\_\_\_\_

Int. Time \_\_\_\_\_

Acc. Letter \_\_\_\_\_

PS Entry \_\_\_\_\_

Int. Date \_\_\_\_\_

Interviewer \_\_\_\_\_

Status \_\_\_\_\_