

The ARTS HomeSchool Collective Application for Admissions

Student's Legal Name	Preferred Name
Student ID Number	Date of Birth
Student's Home Street Address	
Student's City, State and Zip Code	
Home Phone	Student's Cell Phone
Student's Email Address	

Demographics

Ethnicity/Race	Gender	Preferred Pronouns (he/she/they/non-binary)
----------------	--------	--

Family Information

Does the student have any siblings at The ARTS Academy?	Yes	No
If yes, sibling(s) names:		
Student lives with:		
_____ Both Parents	_____ Father	_____ Mother _____ Other
Is the non-custodial parent able to receive school documents?	Yes	No
Are there any restrictions on the non-custodial parent?	Yes	No
If yes, please explain and include a copy of court documents.		

Academic History

Last Grade Completed:	Last School Attended:
School Address:	
Was the student allowed to re-enroll in the previous school?	Yes No

If no, please explain:		
Has the student ever repeated or skipped a grade?	Yes	No
If yes, please explain:		
Has the student ever been homeschooled?	Yes	No
If yes, please explain:		
Does the student have any learning difficulties?	Yes	No
If yes, please explain:		
Has the student ever been professionally tested for one of the following: ADD/ADHD, SLD, Hearing, Vision, Speech or any other?	Yes	No
If yes, please discuss the results and include a copy of the report		
Has the student ever been arrested?	Yes	No
If yes, please explain:		
Has the student ever been suspended from school?	Yes	No
If yes, please explain:		
Has the student ever been expelled from school?	Yes	No
If yes, please explain:		
Has the student had a behavioral problem?	Yes	No
If yes please explain:		
Does the student have internet access at home?	Yes	No

*** NOTE: The question below is only for students attending Chesterfield County Public Schools***

CCPS Online is an option for elementary, middle and high school students that want to remain as "enrolled" with their home school with access to sports, school organizations and opportunities to explore classes at the Tech Centers or other programming available to CCPS students. Please visit the [CCPS website](#) for additional information about this program.

Will the student be enrolled in CCPS Online?

Yes

No

Parent/Guardian Information

Father/Guardian	Place Employed/Occupation	Cell Phone
Home Address		Home Phone
Father/Guardian's Email Address		Work Phone
Mother/Guardian	Place Employed/Occupation	Cell Phone
Home Address		Home Phone
Mother/Guardian's Email Address		Work Phone
Person(s) or Agency Having Legal Custody of Child		Cell Phone
Home Address		Home Phone
Business Address		Business Phone
Guardian's Email Address		Work Phone

Emergency Contacts

Two Contacts if Parent(s) Cannot Be Reached	Street Address, City, State, Zip Code	Phone
1		
2		

Person(s) Authorized to Pick Up Child

Person(s) NOT Authorized to Pick Up Child - please note that custody papers should be attached if a parent is not allowed to pick up the child.

Medical Release Form

Student's Home Street Address

Student's City, State and Zip Code

Home Phone

Student's Cell Phone

Does the student have any medical conditions that would prohibit full participation in courses or athletic programs The ARTS offers?

Yes

No

If yes please explain:

Physician's Name

Street Address, City, State, Zip Code

Phone Number

The information provided to me in this release form is, to the best of my knowledge, accurate and true.

As indicated by my signature below, I authorize The ARTS Academy personnel to consent to any emergency treatment of my minor child, , which shall in my absence be deemed necessary.

This shall include examination, anesthesia, medical diagnosis, surgery or treatment and/or hospital care of the minor child and upon the advice of a physician or surgeon licensed to practice medicine in the United States of America.

I acknowledge that I will be responsible for any cost incurred by this treatment. I understand that The ARTS does not provide health insurance to students.

This authorization shall be valid during the 2021-22 Academic School Year only.

Parent/Guardian's Signature

Date