

Camelot Academy

Application for Admission To Grades K-6

(To be completed by Parent or Guardian)

A recent photograph
would be helpful,
but is optional

(Please return this form with the application fee of \$50.00 to the Office at Camelot Academy, 809 Proctor Street, Durham, NC 27707. Please type or print in ink).

STUDENT INFORMATION

Name _____ Prefer to be called _____ Male Female

Address _____
Street and Number Town/City State Zip

Telephone _____ Date of Birth _____ SS # _____

Fax _____ E-mail _____ Applying to Grade _____

Current School _____ Guidance Counselor _____

Address of School _____

Previous School _____ Dates Attended _____

Student lives with: Both Parents Father Mother Guardian Other _____

Mailings to (check all that apply): Parents Father Mother Guardian Other _____

Check any that apply: Father is deceased Mother is deceased Parents are: separated divorced

PARENT INFORMATION

Father

Mother

Name _____ Name _____

Address (if different from above) _____

Telephone _____ Telephone _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Business Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Business Phone _____ Business Phone _____

Camelot Academy

STUDENTS APPLYING TO
GRADES K - 6

809 Proctor Street • Durham, NC 27707 • Telephone (919) 688-3040 • Fax (919) 682 4320

Request for School Records

Camelot Academy is an independent day school enrolling boys and girls in grades K through 12. The academic program is individualized and mastery based. We are not equipped to serve students who have severe learning, emotional or behavioral disabilities. Camelot Academy seeks to enroll students of strong character who will make both academic and extra-curricular contributions to the school.

TO THE SCHOOL OFFICIAL:

_____ has applied for admission to Camelot Academy. In order to assess accurately this child's chances for success at our school, we would be grateful if you would provide the information requested below. Please complete the front side of this form and attach the requested documentation. Thank you for for taking the time to help us and the student.

Camelot Academy

Name of Current School _____

School Address _____

School Telephone _____

School Fax _____

Date of School Entry _____

Previous School _____

Please attach this sheet to the records requested below and return to Camelot Academy at the address above:

1. A copy of the school's grading system.
2. Academic records for the period of enrollment.
3. Attendance records for the period of enrollment.
4. Exceptional children's records
5. Transfer records.
6. Health records.
7. Documentation for any special accommodations for instruction or testing.
8. A copy of all psychological evaluations, including test results.
9. Any comments from the teacher, guidance counselor, or other appropriate staff.

Name of School Contact _____

Position _____

Signature of School Contact _____

Date _____

I hereby authorize the release of the information requested by Camelot Academy.

Parent Signature

Date

5. How would you rate the applicant in the following areas compared with other students of the same age?

	Excellent	Above Average	Average	Below Average	Poor
Intellectual potential					
Intellectual curiosity					
Effort					
Attitude					
Oral expression/speech					
Reading skills and interest					
Written expression					
Reaction to criticism					
Motivation					
Maturity					
Peer relationships					
Attention span working alone					
Attention span working in a group					
Attention span listening in a group					
Class participation					
Gross motor skills					
Fine motor skills					
In other ways (please specify)					

6. If there are any additional comments you wish to make, please use the space below.

7. OVERALL RECOMMENDATION:

I recommend this candidate:

	Without Reservation	Strongly	Recommend	With Reservation	Do Not Recommend
As a person					
As a student					

Should you wish to discuss the candidate in more detail, we would welcome your call at (919) 688-3040.

Signature _____ School Name _____

Print Name _____ Date _____

Please check if you would like to receive the current Camelot Academy brochure.

Camelot Academy admits students of any race, color, and national or ethnic origin.

Camelot Academy

TEACHER RECOMMENDATION
APPLYING TO GRADES K - 6

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TO THE CANDIDATE'S PARENTS:

Applying for grade _____

If you wish to waive your right of access to this report, sign the following release:

Under the Family Educational Rights and Privacy Act of 1974, an applicant who is admitted to Camelot Academy and who chooses to enroll here may review the school's records which pertain to him or her alone. If, however, an applicant wishes to submit confidential recommendations, which will be used for the purposes of admission and initial academic counseling only, this right of access may be waived. A waiver is not required as a condition for admission to or receipt of any other services or benefits from Camelot Academy. If you wish this recommendation form to remain confidential, please sign below.

"I will not seek access to this confidential recommendation submitted for the purposes of admission and initial academic counseling only."

Parent's signature _____ Date _____

You should give this form to your son or daughter's teacher, together with a stamped envelope addressed to Camelot Academy.

TO THE TEACHER:

_____ has applied for admission to Camelot Academy. In order to assess accurately this child's chances for success at our school, we would be grateful if you, as someone who has had an opportunity to work closely with this student, would complete this recommendation form. The checklist format helps us evaluate areas of general interest, but we hope you will supplement this with your comments as well. Please be as complete and candid as possible, and thank you for taking the time to help us and the applicant.

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1. How long have you known the applicant? _____

2. What six words first come to mind to describe the applicant? _____

3. Please provide a brief description of the applicant's performance in your class, including ability, work habits, and attitude.

4. Has the applicant ever been assigned to special support programs? Is there any evidence of any disability (e.g. learning, speech, visual, other)?

ADDITIONAL INFORMATION

1. Siblings (please give name, age, current grade and current school):

Name	Age	Current Grade	Current School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Please indicate any members of your family who have attended Camelot Academy:

Name	Years Attended	Relationship
_____	_____	_____
_____	_____	_____

3. Please list the other schools to which you are applying: _____

4. Describe any special conditions or circumstances which have affected your child's performance in school. (For example, illness, specific learning, speech, auditory, or visual disabilities, or frequent changes of homes or schools).

5. Please list below the professionals (if any) providing treatment for conditions or circumstances which may affect your child's performance in school:

Name _____	Name _____
Address _____	Address _____
_____	_____
Phone _____	Phone _____

I (We) certify that the information on this application is complete and correct. Any willful misrepresentation of fact may be cause for withdrawal of this application from consideration, cancellation of admission or registration, or dismissal from Camelot Academy.

Signature of Parent _____ Date _____
Signature of Parent _____ Date _____

Camelot provides parents with remarkable opportunities to become involved with their child's education. Reflecting this philosophy, we ask you to provide your perceptions of your child by submitting a letter in support of his/her application. Please use the form enclosed with this application to write your comments. Thank you in advance for your support of your child in this process.