



# Application for Admission: Part I

6 - 12 College Preparatory

*Photo*  
(original or  
photocopy)

Name \_\_\_\_\_

Applying for Grade \_\_\_\_\_ in \_\_\_\_\_ (month) 20 \_\_\_\_\_

Parent's day phone #s: \_\_\_\_\_ (H) \_\_\_\_\_ (W or C)

Along with this application, please submit a check for **\$100 (non-refundable application fee) made out to "The Grauer School"**. Upon receipt of the application and fee, your file will be opened and you will receive a call regarding a school tour. Thank you!

**Privacy Policy:** All information provided to us, either by you or by others on your behalf, is held in the strictest confidence.

**Office Only:**

Date Application Rec'd: \_\_\_\_\_ App fee check #: \_\_\_\_\_

Placement: \_\_\_ Enrollment \_\_\_ Wait List

**Full name of applicant:** \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Sex: M F Ethnicity (required by SBA) \_\_\_\_\_

Through what source did you learn about The Grauer School?

Applying for: \_\_\_ Middle School \_\_\_ Middle School & High School \_\_\_ High School \_\_\_ Undecided

**Schools attended by applicant** (List current/most recent school first):

School \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ GPA \_\_\_\_\_ Attended Dates from \_\_\_\_\_ to \_\_\_\_\_

(Formal request for cumulative school records will not be sent until after acceptance.)

School \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ GPA \_\_\_\_\_ Attended Dates from \_\_\_\_\_ to \_\_\_\_\_

(Formal request for cumulative school records will not be sent until after acceptance.)

**Home address** \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

**Name of 1st Parent** \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Occupation/Employed by \_\_\_\_\_

Business address \_\_\_\_\_

**Name of 2<sup>nd</sup> Parent** \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Occupation/Employed by \_\_\_\_\_

Business address \_\_\_\_\_

With whom does the applicant live? \_\_\_\_\_

Any additional parent contact information: \_\_\_\_\_

If there is anyone who shares responsibility for your child, please give us their name and state the nature of their relationship to the applicant. \_\_\_\_\_

Who is financially responsible for school expenses? \_\_\_\_\_

To whom shall we send school reports, parents' notices, bills, etc.? \_\_\_\_\_

**Note any information above which should be left OFF the School Directory:**

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE ANSWER ALL QUESTIONS THOROUGHLY. (Attach additional paper if necessary.)**

1) Does the applicant have siblings?  NO  YES If yes, please list below.

Name \_\_\_\_\_ Age \_\_\_\_\_ School Attending \_\_\_\_\_

---

---

---

2) List any languages other than English that are spoken at home.

---

3) Has the applicant received tutorial or remedial instruction? \_\_\_\_\_ If yes, please state the subject(s), duration and purpose.

---

4) Does the applicant have:

- A special health history?  NO  YES
- Special testing, diagnosis, treatment or instruction for learning differences and or disabilities such as ADD, ADHD, dyslexia, dysgraphia or any other learning differences?  NO  YES
- Psycho-educational or psychometric evaluations, an IEP or 504 Plan?  NO  YES

**If you answered yes to any of the above**, please attach a description of the nature of the special health history or learning difference, the duration, and necessary accommodations. Attach the latest evaluations, IEP or 504 Plan. Please note that The Grauer School does not provide any accommodations to students with learning differences.

5) Is the applicant currently taking any prescription medication on a regular basis?  NO  YES

This medication is taken for (state medical condition and ANY risks/limitations): \_\_\_\_\_

---

6) Has the applicant received counseling?  NO  YES

Name of Counselor: \_\_\_\_\_ Phone \_\_\_\_\_

Upon request, will you ask this counselor for a release of information to our school counselor?  NO  YES

Briefly describe the nature and duration of counseling: \_\_\_\_\_

---

7) Does the applicant smoke cigarettes? \_\_\_\_\_ Does your child have any experience using drugs or alcohol? \_\_\_\_\_

Has your child ever engaged in any form of violent behavior? \_\_\_\_\_ If applicable, describe any experience the applicant has had with drugs, alcohol, or violence. \_\_\_\_\_

---

---

**8) Do you understand that falsification or omission of answers to questions on this application causes the school (and oftentimes your child) damage? \_\_\_\_\_**

Your signature below signifies that you understand that the school is relying on the accuracy of the information you have provided in this application and if any such information is inaccurate, misleading or contains material omissions, it will cause significant damages to the school. Such damages include but are not limited to disruption of the school, unnecessary commitments by the school for staff and vendors, and other damages that are more difficult to measure or calculate. Your signature also signifies that in the event you have provided inaccurate information or omissions, you agree that the school may expel your child, retain all tuition and other funds paid, and that the school shall also be entitled to \$2500 liquidated damages, due and payable immediately upon discovery of such inaccurate statements or omissions.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail, fax or hand deliver to:

1500 South El Camino Real • Encinitas • CA 92024 – 4908  
(760)944-6777 • fax (760)944-6784 • elizabeth@grauerschool.com