

# CHESAPEAKE ACADEMY APPLICATION

**CONFIDENTIAL** (please print or type information)



For School Year \_\_\_\_\_ Please attach \$50 Application fee

Full Name of Child \_\_\_\_\_  
(first) (middle) (last)

Nickname to be used at school \_\_\_\_\_

Gender  M  F Birth Date (M/D/Y) \_\_\_\_\_

Age as of September 30, 20\_\_\_\_ : \_\_\_\_\_ (years) \_\_\_\_\_ (months)

Home Address \_\_\_\_\_  
(street) (city) (state) (zip)

Mailing Address \_\_\_\_\_  
(street) (city) (state) (zip)

Home Phone \_\_\_\_\_ Child's Social Security Number \_\_\_\_\_

Please check the incoming grade:

- Early Childhood:**  Pre-K 3 & 4 Half-Day  Pre-K 3 & 4 Flexible Full-Day  
**Lower School:**  Kindergarten  Grade 1  Grade 2  Grade 3  Grade 4  
**Middle School:**  Grade 5  Grade 6  Grade 7  Grade 8

**Kindergarten to Grade 8:** Will you be applying for financial assistance? \_\_\_\_\_ yes \_\_\_\_\_ no

## CONTACT INFORMATION

**Parent/Guardian A** \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Home Address (if different from applicant) \_\_\_\_\_

Mailing Address (if different from applicant) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

High School or College \_\_\_\_\_ Year graduated \_\_\_\_\_

Graduate School \_\_\_\_\_ Year graduated \_\_\_\_\_

Occupation/Title \_\_\_\_\_

Business Firm \_\_\_\_\_ Phone \_\_\_\_\_

Business Mailing Address \_\_\_\_\_

### Chesapeake Academy

107 Steamboat Road Post Office Box 8 Irvington, Virginia 22480  
(804) 438-5575 (804) 438-6146 FAX  
[www.chesapeakeacademy.org](http://www.chesapeakeacademy.org)

**CONTACT INFORMATION (continued)**

Parent/Guardian B \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Home Address (if different from applicant) \_\_\_\_\_

Mailing Address (if different from applicant) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

High School or College \_\_\_\_\_ Year graduated \_\_\_\_\_

Graduate School \_\_\_\_\_ Year graduated \_\_\_\_\_

Occupation/Title \_\_\_\_\_

Business Firm \_\_\_\_\_ Phone \_\_\_\_\_

Business Mailing Address \_\_\_\_\_

**CONTACT INFORMATION**

Applicant's parents are  Married  Single  Separated  Divorced  Widowed

Applicant lives with  Mother  Father  Stepmother  Stepfather  Legal Guardian

To whom should all school correspondence be addressed? \_\_\_\_\_

Person(s) responsible for all tuition, fees, and donations while child is enrolled

\_\_\_\_\_ (name) \_\_\_\_\_ (email address)

\_\_\_\_\_ (mailing address)

**RELATIONSHIPS**

Are the applicant's parents or family members alumni of Chesapeake Academy?

If so, please provide name and year:

\_\_\_\_\_ (name) \_\_\_\_\_ (year)

Applicant Siblings

1. \_\_\_\_\_ (name) \_\_\_\_\_ (school) \_\_\_\_\_ (grade) \_\_\_\_\_ (age)

2. \_\_\_\_\_ (name) \_\_\_\_\_ (school) \_\_\_\_\_ (grade) \_\_\_\_\_ (age)

3. \_\_\_\_\_ (name) \_\_\_\_\_ (school) \_\_\_\_\_ (grade) \_\_\_\_\_ (age)

## SCHOOL INFORMATION

Current School \_\_\_\_\_

Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Principal or Head of School \_\_\_\_\_ Email \_\_\_\_\_

Authorization given to contact staff at previous school  Yes  No

Parent/Guardian Name (please print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## ABOUT APPLICANT

Please describe any extracurricular programs your child has attended or any special interests or awards your child has achieved (i.e. Sunday School, dance, sports, piano, etc.)

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Has your child undergone any individual psychological assessment, educational evaluations, or received tutorial support? If yes, please explain and submit copies of all assessments and accommodations.

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Please list any information that you might deem helpful to the school (i.e. birth history, medical/health details, chronic physical challenges, pertinent developmental history, recent transitions within the family, etc.)

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Allergies  Yes  No

If yes, please elaborate \_\_\_\_\_

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## PARENT QUESTIONNAIRE

Describe your reasons for applying to Chesapeake Academy. What qualities of a school do you consider to be most important for your child's education?

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Describe any significant events in your child's life; for example: achievements, school changes, transitions, personal setbacks or challenges.

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What are your child's strengths? (personal and academic)

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What areas of growth for your child are your highest priority?

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**Please note:** Chesapeake Academy reserves the right to withdraw acceptance or dismiss the applicant from the Academy in the event that incomplete or incorrect information is provided. Chesapeake Academy will maintain, as far as possible, the confidentiality of any information provided. It is understood that the Director of Admission may disclose information for official purposes only.

Chesapeake Academy admits students of any race, color, religion, national or ethnic origin to all the rights, privileges, programs and activities generally made available to students at the school. It does not discriminate on the basis of race, color, religion, national and ethnic origin in the administration, educational policies, athletics, or other school administered programs.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name (please print) \_\_\_\_\_

For school use only  Fee paid Amount \_\_\_\_\_ Date \_\_\_\_\_ Check # \_\_\_\_\_

**PLEASE RETURN THIS FORM TO  
Hilary Scott, Director of Admissions  
Chesapeake Academy**

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