

Child's Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Date of Birth \_\_\_\_\_  Female  Male

For School Year \_\_\_\_\_ Date of application \_\_\_\_\_

Please attach a photo of your child here.

**This is my child's first application to Chance.**  
 A non-refundable and non-transferable application fee is required for application processing and is not applied to tuition.  
 Please submit application with check made payable to The Chance School.

**This application is updating a previous one on file at Chance.**  
 The application fee was submitted with the original application. Additional fees are not required with this form.

**Check the class for which you are applying:**

Prioritize choices at the 2s and 3s levels.

**Preschool:**

- Two-Day Two - Mon/Tues
- Three-Day Two - Wed/Thurs/Fri
- Five-Day Two
- Three-Day Three - Wed/Thurs/Fri
- Five-Day Three
- Five-Day Four

**Elementary:**

- Full-Day Kindergarten
- Primary 1 (first grade)
- Primary 2 (second grade)
- Primary 3 (third grade)
- Intermediate 4 (fourth grade)
- Intermediate 5 (fifth grade)

**For first-round consideration**, these steps should be completed by the application deadline for any given school year:

- A completed Application for Admission is on file with the application fee.
- A Youth Leader and CAN Forms are submitted for each parent with child's application.
- A family member has toured the school.

**In addition, these steps will be requested by the school when appropriate:**

- An applicant has been observed at current school or shadows at Chance
- An applicant has these papers on file:
  - Copies of professional evaluations determining special concerns
  - A Teacher *Recommendation Form* for Kindergarten and Primary 1 applicants
  - Copies of current and last year's school report card/progress reports and standardized test scores for Kindergarten through Fifth Grade applicants

Each year's application and registration deadlines and fees are listed in the Application & Registration sheet in tour packets and at [www.chanceschool.org](http://www.chanceschool.org) in the Admissions section of the website. Applications received after listed dates are kept on file and are considered when an opening exists.

Why are you applying to send your child to Chance School?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Child's name \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_ Home telephone \_\_\_\_\_

**Child lives with:**

**Adult 1:** Name \_\_\_\_\_  
 Relation to child \_\_\_\_\_ Marital status \_\_\_\_\_  
 Occupation \_\_\_\_\_ Beeper/Cell # \_\_\_\_\_  
 Company \_\_\_\_\_ Work # \_\_\_\_\_  
 Email at work \_\_\_\_\_ Email at home \_\_\_\_\_  
 Alumni of Chance  no  yes If so, at what age(s) and year(s)? \_\_\_\_\_

**Adult 2:** Name \_\_\_\_\_  
 Relation to child \_\_\_\_\_ Marital status \_\_\_\_\_  
 Occupation \_\_\_\_\_ Beeper/Cell # \_\_\_\_\_  
 Company \_\_\_\_\_ Work # \_\_\_\_\_  
 Email at work \_\_\_\_\_ Email at home \_\_\_\_\_  
 Alumni of Chance  no  yes If so, at what age(s) and year(s)? \_\_\_\_\_

**Other Parent's Information (not living with child):**

**Adult 3:** Name \_\_\_\_\_  
 Relation to child \_\_\_\_\_ Marital status \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_ Home telephone \_\_\_\_\_  
 Occupation \_\_\_\_\_ Beeper/Cell # \_\_\_\_\_  
 Company \_\_\_\_\_ Work # \_\_\_\_\_  
 Email at work \_\_\_\_\_ Email at home \_\_\_\_\_  
 Alumni of Chance  no  yes If so, at what age(s) and year(s)? \_\_\_\_\_

**Adult 4:** Name \_\_\_\_\_  
 Relation to child \_\_\_\_\_ Marital status \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_ Home telephone \_\_\_\_\_  
 Occupation \_\_\_\_\_ Beeper/Cell # \_\_\_\_\_  
 Company \_\_\_\_\_ Work # \_\_\_\_\_  
 Email at work \_\_\_\_\_ Email at home \_\_\_\_\_  
 Alumni of Chance  no  yes If so, at what age(s) and year(s)? \_\_\_\_\_

**Sibling Information**

Sibling(s) name(s) \_\_\_\_\_ Birth date \_\_\_\_\_ Gender \_\_\_\_\_ School currently attending \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Grandparent Information**

will be gathered once an applicant is registered for the school year at Chance School.

**How does your child adjust to new experiences?**

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**Describe your child's habits:**

Bathroom

Sleeping

Eating

**Explain any special fears your child has:**

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**How does your child handle frustration or anger?**

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**What is challenging about your child?**

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**Describe any special needs your child has:**

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**By what means do you discipline your child?**

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> Withholding privileges | <input type="checkbox"/> Time out               | <input type="checkbox"/> Negotiating |
| <input type="checkbox"/> Re-directing           | <input type="checkbox"/> Discussing             | <input type="checkbox"/> Spanking    |
| <input type="checkbox"/> Scolding               | <input type="checkbox"/> Other (please explain) |                                      |

**Share your child's strengths and your wishes for your child:**

	Strengths	Wishes
Cognitive	<hr/> <hr/>	<hr/> <hr/>
Social	<hr/> <hr/>	<hr/> <hr/>
Emotional	<hr/> <hr/>	<hr/> <hr/>
Moral	<hr/> <hr/>	<hr/> <hr/>
Physical	<hr/> <hr/>	<hr/> <hr/>

List any regular medication your child is taking:

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List any allergies your child has:

Food

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Medication

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Other

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My child has had these professional evaluations that indicate special concerns:

- Behavioral   
  Psychological   
  Speech   
  Hearing   
  Medical  
 Attention   
  Learning   
  Physical   
  Vision

Other

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In order for teachers to optimize your child’s learning experience, it is of utmost importance that relevant information regarding needs and special concerns be shared with the school in a timely manner. The school requires that copies of such information, including but not limited to evaluations and reports by outside professionals, and orders for daily, ongoing medication, be on file in the school office.

List at what age your child:                      crawled \_\_\_\_\_ walked \_\_\_\_\_

Check one:     This baby was full-term.     This baby was premature.

Please explain any pregnancy complications or trauma at birth.

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**Other Information**

What was your child’s previous group/school experience and why are you changing school?

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Name of school

How long?

Teacher’s name

Phone

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I give consent and authorize the Head of Chance School, Director of Admissions, or Program Coordinator to talk to my child’s current/former teacher and school representative.

I/We intend to apply for financial aid.

As a parent of a child attending an independent school, I understand that I have responsibilities to financially support Chance School. My support is essential to the school’s ability to consistently fulfill its mission of providing academic excellence in a positive and nurturing environment. These responsibilities include making timely tuition payments and contributing to the two major fundraising efforts of the year—Challenge for Chance and the Auction—to the fullest extent I am able.

Signature

Date

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**Chance School**

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www.chanceschool.org

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fax: 326-5462

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