



Crestwell School  
1901 Park Meadows Drive  
Fort Myers, FL 33907

## Application for Admission Student Information

Students Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
(last) (first) (middle)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Sex \_\_\_\_\_ Social Security \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Grade Entering: \_\_\_\_\_ Preferred Enrollment Date: \_\_\_\_\_ Birthplace \_\_\_\_\_

Student's Cultural or Ethnic Origin \_\_\_\_\_ (students are welcome to share family traditions)

### Family Information

#### **Father/Legal Guardian**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

(home) (work)

Email: \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Education \_\_ HS, College: \_\_ 2yr \_\_ 4yr \_\_ Grad

#### **Mother/Legal Guardian**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

(home) (work)

Email: \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Education \_\_ HS, College: \_\_ 2yr \_\_ 4yr \_\_ Grad

Natural parents are: together at \_\_ home \_\_ divorced

If there are other children in your family please complete the following:

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

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

### **Academic & Health Information**

Previous School attended \_\_\_\_\_

Address \_\_\_\_\_

Grades \_\_\_\_\_ Dates \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Describe the student's interests, talents, and abilities \_\_\_\_\_

Describe any areas in which the student excels \_\_\_\_\_

or has difficulty \_\_\_\_\_

Any physical or medical problems? \_\_\_\_\_

Any learning disability, psychological disorder, or emotional problem? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

List any allergies? \_\_\_\_\_

Does the student currently take any prescription medication? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Is there any medical reason the student cannot participate in the physical education program?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Where did you hear about Crestwell School? \_\_\_\_\_

I will be applying for Financial Aid yes \_\_\_\_\_ no \_\_\_\_\_ Office use: \_\_\_\_\_ date received \_\_\_\_\_ office use \_\_\_\_\_ chk. amt & #



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## Emergency Release

Student's Name \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Parent's work phone \_\_\_\_\_

Doctor \_\_\_\_\_ Doctor's phone \_\_\_\_\_

Dentist \_\_\_\_\_ Dentist's phone \_\_\_\_\_

In the event my child becomes ill or is injured while under school supervision, I approve the school authorities taking the following steps:

1. Contact a parent of the student and follow his / her instructions.
2. Contact the student's physician and follow his instructions, in the event neither parent can be reached.
3. Use their own discretion in contacting a properly licensed physician and follow his instructions if the student's physician cannot be reached.

If, in the opinion of an appropriate doctor, my child needs urgent medical or surgical services which may require my consent before being supplied, and I cannot be reached in a reasonable time, I hereby authorize, appoint and empower the teacher, or his / her designee to act on my behalf and release Crestwell School, Inc. and its employees or volunteers from any liability which might arise from the giving of such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as reasonably possible after the need arises. I will assume all costs incurred for this care. I understand it is the parents' responsibility to purchase student accident insurance.

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Additional student insurance applications are available in the school office.

### Student Release

Only parents, custodians or persons authorized by parents or custodians will be permitted to release children from school. If anyone other than a parent or custodian is picking up a student, parents or custodians are required to notify the school office, in writing, to advise us of this. Identification is required before a student may be released from school. If there is a problem between the custodial and non-custodial parents, the school will require the divorced parents to furnish the school with a copy of the custody portions of the decree.

I, \_\_\_\_\_, authorize Crestwell School to release my child \_\_\_\_\_ to the care of 1. \_\_\_\_\_, 2. \_\_\_\_\_, 3. \_\_\_\_\_ at \_\_\_\_\_ pm when school is over. I understand that Crestwell School is not responsible or liable for my child once he/she has left the school building.

\_\_\_\_\_  
 parent signature



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## Parents' (or Legal Guardians') Statement

In making application for my child, \_\_\_\_\_, to attend Crestwell School, Crestwell Pre-Kindergarten or Crestwell Higher Learning School:

- I agree to support the moral, dress, disciplinary standards and code of ethics of the school.
- I agree to assume the responsibility for my child's education by supervising homework and keeping in regular contact with my child's teachers.
- I agree to support to the best of my ability, through attendance and participation, the various meetings, functions and activities of the school.
- I agree that my child can be removed from the classroom, at the discretion of the teacher, for any behavior or attitude that is a distraction to the class as well as for special remedial or enrichment tutoring needs.
- I understand that until such time as Crestwell School has adequate facilities and staffing to service students with learning disabilities or special physical-emotional needs, the school reserves the right to refuse admission for such students. Upon screening and detection of such needs in any enrolled student, Crestwell School will evaluate on an individual basis its ability to provide adequate instruction for that student.
- I understand that Crestwell School reserves the right to refuse any application, or dismiss any student, at any time, for unacceptable work or conduct, or any other reason it deems necessary. Neither this application nor payment of fees is considered to be binding upon Crestwell School. If a student is dismissed from the school, the parents or legal guardians are still responsible to pay the full tuition for that quarter.
- I understand that this application can not be considered without the Registration Fee and that, if my child is accepted, I agree to the payment and/or refund policies listed on the school's tuition sheet.
- I certify that all the information I provided is accurate to the best of my knowledge and belief. I understand and agree that if it is not accurate, it may subject my student to withdrawal from the school.
- By enrollment in Crestwell School, permission is granted to use any photographs or videos of your child in connection with publicity for the Crestwell School, Crestwell Pre-Kindergarten or Crestwell Higher Learning School:

\_\_\_\_\_  
 Father's Signature                      Date

\_\_\_\_\_  
 Mother's Signature                      Date

\_\_\_\_\_  
 Legal Guardians' Signature                      Date