

Admissions Checklist

We are so glad that you are considering admission to Ambleside School for your child. After you have explored our website, visited the school, and asked any questions of our admissions staff, we warmly welcome you to apply. Here are the steps for admission:

1. Complete the online **application**; or print, complete and submit the application that follows.
2. Gather your child's **standardized test results** (Grades 2 and above) and **report cards for the past two years**. These can be faxed to 720-863-2182, scanned and emailed to admissions@amblesidecolorado.com, or sent by mail to:

Ambleside School Admissions
1510 East Phillips Avenue
Centennial, CO 80122-3276

3. Have your child's current teacher, or an adult who has worked with your child over a period of time in a group situation (if kindergarten or home schooled), complete the **student recommendation form**, and mail it directly to the address above, or fax it to 720-863-2182, or scan and email it to admissions@amblesidecolorado.com.
4. Purchase and review **one book of required reading** for parents (available for \$12 at the Ambleside School office, or online at Amazon or another bookseller):

When Children Love to Learn by Elaine Cooper, or *For the Children's Sake* by Susan Schaeffer Macaulay

5. After we receive your completed application, we will contact you via email to schedule a **student assessment** at the school. At this time, please bring a check for your application fee of \$50 per student or \$100 max per family.
6. Following the student assessment you will be contacted to schedule a **parent interview**, during which time we will discuss the required reading, provide feedback on the student assessment, and answer any remaining questions. We ask that both parents (or legal guardians) participate in the interview.
7. Please allow at least two weeks from the time your parent interview is completed to receive **letters of acceptance or non-acceptance**. Qualified applicants will be considered based on space availability and optimal classroom mix in terms of gender, age, etc. If no space is available in a particular class, students will be placed on a waiting list and parents will be informed.
8. If accepted, secure your child's space by returning the signed **enrollment agreement**, which will accompany your acceptance letter, along with the **\$500 enrollment fee** per student, which will be applied to tuition for the upcoming year.

Thank you for your interest in Ambleside! We look forward to getting to know your family!

Admissions Application

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STUDENT INFORMATION

Applying for Academic Year: _____ Applying for Grade: _____

Student's Name: _____ Nickname: _____
Last First Middle

Male Female Date of Birth ___/___/___ Age: _____ Current Grade: _____

Student's Home Address: _____

City, State, Zip: _____ Home Phone Number: _____

PARENT INFORMATION

Student lives with (please check all that apply):

- Father Stepfather Other: _____ Father deceased Parents divorced
 Mother Stepmother Other: _____ Mother deceased Parents separated

Father/Guardian with whom the student lives:

Mother/Guardian with whom the child lives:

Cell Phone: _____

Cell Phone: _____

Business Phone: _____

Business Phone: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

E-mail address: _____

E-mail address: _____

College(s) attended/Degrees _____

College(s) attended/ Degrees _____

Information about parent not living with this child, or sharing joint custody:

Name: _____ Relationship to Student: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

May we provide correspondence to this parent via email and other means? Yes ___ No ___

May we add this parent as an emergency contact? Yes ___ No ___

How did you learn about Ambleside School? _____

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SIBLING INFORMATION

Please list additional siblings on back of sheet

Name	Date of Birth	Current School	Grade	Applying ?

PRIOR EDUCATION

Please submit copies of your child's report cards, applicable standardized test results and teacher recommendation form.

Prior School	Address/Phone	Grades Attended

Have all financial responsibilities been met at prior school? Yes___ No___
 Is applicant eligible to re-enroll at prior school? Yes___ No___ If no, please explain: _____
 Has applicant ever been suspended or expelled? Yes___ No___ If yes, please explain: _____
 May we contact your previous school for references? Yes___ No___ After (date): _____

HEALTH HISTORY

Does your child have any allergies or physical limitations? Please explain. _____

Please list any medication your child may be using during the school year: _____

Has your child had any traumatic experiences (physical or emotional) during the early years about which we should be made aware (i.e., head injuries, family deaths, surgeries, serious illness, sibling illness, unconsciousness, etc?):

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PERSONALITY

Describe your child's interests. Which subjects tend to capture his/her interest? What does he/she enjoy doing most at home?

What are his/her strengths, both academically and socially? _____

What are his/her weaknesses, both academically and socially? _____

CHOOSING AMBLESIDE

Please state the three most significant reasons why would you like your child to attend Ambleside School. _____

How can Ambleside best nurture your child? _____

How would you rate your understanding of the educational philosophy of Charlotte Mason?

Non-existent Minimal Moderate Full

What aspect of Charlotte Mason's approach is most intriguing to you? _____

SPIRITUAL INFORMATION

Does your family attend church weekly? Yes No If so, what is the name of your church home? _____

How does the fact that Ambleside is a "Christ-centered" school impact your decision to apply? _____

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TUITION AND FEES

Name of person(s) responsible for tuition and expenses: _____

Do you intend to remain at Ambleside for the entire school year? Yes No

Do you plan to apply for financial aid and require an application? Yes No

Have you included the \$50 non-refundable application fee? Yes No

POLICY INFORMATION

Acceptance of any child at Ambleside School is a decision of the Ambleside trustees and faculty. Acceptance is based on the compatibility of the school, the parents, and the child. Ambleside reserves the right to determine proper grade placement.

Parents or guardians must furnish accurate and complete information regarding a student's special learning issues, emotional stability, or physical limitations during the application process. With such accurate information our staff can carefully and prayerfully evaluate how effectively we can meet the needs of each student.

Currently we do not have a program dedicated to the needs of learning disabled or physically handicapped students. However, a student with these types of needs is not automatically denied admission.

Is there anything about your child – academically, physically, or emotionally – of which we should be made aware at this time? (Please mention all special evaluations or tests, recommendations or referrals, including WISC IV, Woodcock-Johnson, Section 504/Student Service Plan, IEP, ILP, qualification to a program designed to address learning disabilities, gifted and talented qualifications or other learning styles.)

Please also note any medical, religious or philosophical exemptions to Colorado's school vaccination requirements.

NON-DISCRIMINATION POLICY: Ambleside School admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. Ambleside School does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and financial aid programs, and athletic and other school-administered programs.

I have completed this application to the best of my knowledge. I fully understand and support the mission of Ambleside School, and release the leadership of Ambleside to review and process information about my student, including confidential information such as medical information, transcripts, etc., after which time such information will be kept on file with Ambleside School.

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date

**Confidential Student
Recommendation Form
Page 1 of 2**



We appreciate your cooperation in completing this form. It provides one way for us to get to know the applying student and is received with the full awareness that young children are constantly growing, changing and developing. Please leave blank any sections that you are unable to answer.

Name of student: _____

Current Grade: _____

Name of person completing this form: _____

Title: _____

What is the best way to contact you with any additional questions? _____
Please include this contact information in the blank provided at the end of this form.

What is your relationship to the applicant? _____

How long have you known the applicant? _____

How well do you know the applicant? *(Please check the appropriate box below)*

Not at all

Minimally

Moderately

Fully

Please describe the child and include comments on the child's personality, maturity-level, and self-confidence. *We welcome all information that you think would be helpful. Please use a separate sheet of paper as needed.*

Please describe the parents' level of cooperation and involvement with your program.

**Confidential Student
Recommendation Form
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Student’s Personal Characteristics and Abilities

Place a check in the appropriate box, according to the following categories: C=Consistently, S=Sometimes, R=Rarely

Social Development	C	S	R
Can be a friend			
Is supportive of peers			
Plays alone happily			
Cooperates in play			
Shares well			
Initiates play			
Has the capacity to lead			
Has the capacity to follow			
Is imaginative			
Uses material purposefully			
Is comfortable with adults			
Responds well to correction			
Is polite			

Academic Skill Development	C	S	R
Is attentive			
Listens in a group			
Contributes to group discussion			
Follows directions			
Works cooperatively			
Works neatly			
Completes assigned tasks promptly			
Respects classroom routine			
Is curious			
Is willing to try new activities			
Enjoys new challenges			
Exhibits problem-solving skills			
Expresses ideas well			

Place a check in the appropriate box and provide comments whenever possible:

Physical Development	Outstanding	Age Appropriate	Needs Development	Comments
Small muscle control and coordination				
Large muscle control and coordination				
Speech development				
Writing development				
Reading development				
Mathematical development				

I hereby certify that the information provided above is true and accurate, to the best of my knowledge.

Signature: _____

Organization: _____

Printed Name: _____

Contact Information: _____

Please return this form **directly** to the Ambleside School Office, marked “Admissions”:

Via Mail: **1510 East Phillips Ave., Centennial, CO 80122-3276**, or Fax: **720-863-2182**.

If you would like to speak with our Principal or Director of Admissions, please dial 720-468-0464. Thank you!