



STUDENT APPLICATION FOR ADMISSION

Complete Application for Admission including current photograph of student AFTER applying for Financial Aid OR payment of a \$35.00 fee to The Dinoff School.

- Birth Certificate (all grades)
- Immunization Form GA 3231(all grades) or religious waiver
- Eye, Ear and Dental Form GA 3300
- Copy of most recent report card

One of the following:

- A short statement asserting a need for testing with a recommendation from at least one teacher.
- Evidence of artistic, musical, or creative intelligence as recognized through the Performing Arts.
- Student Gifted Qualification from a former school if performed in public school system in accordance with Georgia law.
- If the student has not been tested in a public school setting, then a score above the 96th percentile of mental ability given by a licensed psychologist.
- Scores above the 90th percentile, by age or grade, on *total* reading, math, or total battery as reflected on score of a nationally standardized achievement test.
- Headmaster reserves the absolute right to admit all students on a probationary period, after careful review of all school and performance records.

APPLICANTS MUST NOT HAVE PREVIOUSLY BEEN THE SUBJECT OF ANY DISCIPLINARY ACTIONS.

Applicant's full name _____

Preferred Name _____

Female Male

Age _____

Date of Birth ____/____/____

Social Security Number ____-____-____

Address _____

Current grade _____

Home phone (_____) _____

Applicant residing with (check all that applies)

Mother Father Guardian Stepmother Stepfather

Partner Other

Who has legal custody? _____ (documentation required)

Parents are:

Married Divorced Separated Widowed

Other (explain) _____

List information on all previous schools applicant has attended.

School Dates attended Grade(s) completed

Has applicant ever applied for admission to the Dinoff School? Yes No

How did you learn about the Dinoff School? _____

Please attach a current photograph of the applicant

Mother's full name

Home Phone (____) _____

Mobile Phone (____) _____ PLEASE KEEP UPDATED****

Employer _____

Job Title _____

Work phone (_____) _____ PLEASE KEEP UPDATED****

E-mail address _____

College(s) _____

Degree(s) _____

Father's full name

Home Phone (____) _____

Mobile Phone (_____) _____ PLEASE KEEP UPDATED****

Employer _____

Job Title _____

Work phone (_____) _____ PLEASE KEEP UPDATED****

E-mail address _____

College(s) _____

Degree(s) _____

CONFIDENTIAL INFORMATION

What special award(s) and/or recognition has applicant received?

Has applicant had any discipline problems in school?

Yes No

If yes, please explain:

Has applicant ever been suspended, expelled or withdrawn?

Yes No

If yes, please explain:

Has applicant ever repeated a grade?

Yes No

Has applicant ever attended a school or participated in a program for

Students who have special academic needs (including gifted)?

Yes No

If yes, please explain:

Has applicant ever been diagnosed with a learning disability?

Yes No

Does applicant take medication for any medical need and/or learning disability?

Yes No

Please describe the medication and its effects on your child
(better focus, headaches, moodiness, etc.).

Nondiscriminatory Policy

The Dinoff School admits students of any race, color, gender, religion, sexual orientation, and national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school.

1. Grades at The Dinoff School are earned. They are not bought or negotiated by students or parents. We are preparing students for success at ANY college they may choose to attend-not just whichever ones will accept them. I understand and agree to the following conditions of admission:

2. Education is a cooperative undertaking among the school, parents and students. Consequently, the educational philosophy, objectives and policies of the school will receive my support and that of my child at and away from school. The lack of such support may be grounds for not being permitted to re-enroll and in extreme cases, for dismissal from school according to school policies.

3. Desiring my child's total education program to be effective, I agree that I will maintain for my child an environment away from school which is compatible with the school, especially in the area of moral standards.

4. I understand that if my child possesses or uses alcoholic beverages, illegal drugs or tobacco products at or away from school, he or she may be dismissed from school or subjected to other disciplinary measures at the discretion of the administration.

5. I pledge my loyalty to the aims and ideals of the Dinoff School and will bring any criticisms directly to the faculty and/or administration so that those in authority may properly consider them.

6. If for any reason my child does not meet the academic requirements or cooperate with the disciplinary standards in accordance with the procedures stated in the Student Handbook, I will cooperate with the administration as it handles these situations and will avoid discussion with those not involved, so as to avert a spirit of dissension and division at either my child's expense or the school's. The Dinoff School reserves the right to dismiss, suspend, or otherwise discipline any student who does not adhere to the standards stated in the Student Handbook.

7. In the event my child becomes seriously ill or is seriously injured while under school supervision, I agree that the school authorities shall first contact the responsible parent or guardian. If this person cannot be reached, the school authorities shall contact the student's physician and follow his instructions. If the student's physician cannot be reached or if school authorities believe my child's condition requires emergency medical attention, school authorities will use their own discretion in contacting a properly licensed and practicing physician and will follow his instructions. If, in the opinion of a properly licensed practicing physician, my child needs medical or surgical services which require my consent before being supplied and I cannot be reached, I hereby authorize, appoint and empower the school authorities to furnish on my behalf such written or oral authorization as may be required. Further, I release the school employees, trustees and the Dinoff School from any liability which may 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.

8. I grant permission for my child to go on field trips authorized by the school with his or her classmates and to participate in school activities, including extra-curricular activities, both at and away from school.

9. I grant permission for photographic images taken of our family members to be used in school newsletters, advertisements, annuals and other promotional material.

10. I understand that by signing below I am acknowledging my willing compliance with the foregoing and that this form will remain on file and in effect for as long as my student/s are enrolled at the Dinoff School.

Father's signature _____ **Date** _____

Mother's signature _____ **Date** _____

Legal Guardian's signature _____ **Date** _____

Financial responsibility for applicant will be assumed by _____

Applicants will be contacted by the Admissions Office when application and all supplemental forms have been received.