

THE CRAIG SCHOOL

APPLICATION FORM/SUMMER PROGRAM

REQUIRED FORMS AND DEADLINES *(choose appropriate category)*

LOWER/MIDDLE SCHOOL Grades 2-8

HIGH SCHOOL Grades 9-12

Our Summer Academic Program enrollment is limited so please apply early.
Current students and returning summer school students have priority.

DATE: _____

I. APPLICATION INFORMATION:

Name of Student: _____ Birth date: _____

Parent(s): _____

Street: _____ City: _____ State: _____ Zip: _____

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

Parent(s) Email: _____

Current School: _____ Grade entering next Fall: _____

EMERGENCY CONTACTS AND PICK UP AUTHORIZATION:

Name: _____ Phone: _____

Allergies and/or special instructions: _____

II. ACADEMIC INFORMATION FORM:

Please give the enclosed **Academic Information Forms** (1 Language Arts, 1 Math, 1 Reading) to your child's teacher(s), tutor(s), or educational consultant to fill out and return to The Craig School.

LANGUAGE ARTS

Person (teacher, educational consultant, etc.) completing enclosed academic report:

Name: _____

Title/Position: _____ Date: _____

School (if teacher): _____

MATH

Person (teacher, educational consultant, etc.) completing enclosed academic report:

Name: _____

Title/Position: _____ Date: _____

School (if teacher): _____

READING

Person (teacher, educational consultant, etc.) completing enclosed academic report:

Name: _____

Title/Position: _____ Date: _____

School (if teacher): _____

III. EDUCATIONAL INFORMATION:

CHILD’S SCHOOL HISTORY (based on most recent standardized testing available):

Current reading level: _____ Current math level: _____ Written language level: _____

Name and date of test(s): _____

If your child has been evaluated by a child study team or educational consultant, please indicate the following:

Name and date of test(s): _____

Results of examination: _____

_____ Date of evaluation: _____

Please include your child’s latest report card, IEP if applicable and/or an Educational Evaluation.

With what subject(s) does your child need the most help?: _____

Additional comments: _____

Will you or your School District be responsible for payment, i.e.: does your child’s IEP include an Extended Year Program?

District will provide morning only

District will provide morning & afternoon

Parent/guardian will be responsible for payment

Parent/Guardian Signature _____ Date _____

TURNING POTENTIAL INTO
ACHIEVEMENT
ONE STUDENT AT A TIME.



**THE
CRAIG
SCHOOL**