

# Guilford Preparatory Academy



## *APPLICATION FOR ADMISSION*

*Guilford Preparatory Academy  
2210 E. Cone Blvd.  
Greensboro, NC 27405  
(336) 954-1344  
(336) 954-1965  
[www.guilfordprep.com](http://www.guilfordprep.com)*



Dear Prospective Family:

Thank you for taking this opportunity to learn more about Guilford Preparatory Academy. On behalf of our faculty and staff, I want you to know that we believe it is truly a privilege to serve every child admitted to our school.

We are a tuition free, public charter school offering a rigorous curriculum that prepares our students for college and the global marketplace. Our small K-8 school offers more individualized instruction for students at both the elementary and middle school levels. We take pride in the fact that our “family” atmosphere caters to the students and gives parents the assurance that their child will be more than just a face in the crowd. We have a diverse population of students and staff which makes our school a fertile learning ground and gives our students the opportunity to see global learning at its best. We are confident that students who leave our school will be fully capable of competing successfully in high school, college and beyond.

As you explore the many experiences that GPA offers our students and families, please be assured that our office is here to help in any way we can. We hope you will schedule a visit to our campus and let Guilford Preparatory Academy speak for itself. As you walk our halls and peer into our classrooms, you will see that we truly cherish learning.

Thank you for your interest in Guilford Preparatory Academy. We look forward to meeting you and your family.

Sincerely,

Robin Buckrham  
Principal



Please list the names and ages of other children living in the home:

Name \_\_\_\_\_ Age \_\_\_\_\_ Attend(ed) GPA? Y/N If "Yes", what years? \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Attend(ed) GPA? Y/N If "Yes", what years? \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Attend(ed) GPA? Y/N If "Yes", what years? \_\_\_\_\_

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## Student Information

### Educational Background

Has your child ever had an Individualized Education Plan (IEP)? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please describe and provide documentation. \_\_\_\_\_

Has applicant ever taken any type of psychiatric, psychological, or educational testing other than the regularly administered school achievement test? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, copies of these tests and recommendations must be provided to the school prior to admission testing

Has applicant had any discipline problems or been suspended or expelled? Explain:

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Has applicant had any physical, emotional, or mental handicaps which may effect activities or progress?

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### Demographics and NCLB Data (Required State Reporting Information)

Ethnicity of Applicant (circle one)    Hispanic    Non- Hispanic

Race of Applicant (circle all that apply)

Asian    Black    Caucasian    Hispanic    American Indian    Other

Primary Language Spoken at Home \_\_\_\_\_

What is your child's English proficiency? (circle one)    Native English Speaker    English is second language

Does your child receive a 504 modification? (circle one)    Yes    No

What type of lunch program does your child receive? (circle one)    Free    Reduced    Full

Besides languages studied in school, do you speak any language(s) other than English? (circle one)    Yes    No

If you circled "yes", list the language(s) \_\_\_\_\_

\_\_\_\_\_

**Student's Name** \_\_\_\_\_

Who will provide transportation for this student after school?

*Please note: K-2 Dismissal is 2:40 pm 3-8 Dismissal is 2:50 pm*

Name: \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_

Permission to pickup is ALSO given to:

Name: \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_

Name: \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_

Name: \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_

**AFTER SCHOOL PROVIDER:**

Person and /or Day Care responsible for your child after school:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

**IN CASE OF INCLEMENT WEATHER:** Decision to close school during the course of the day:

Contact Person \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Contact Person \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Contact Person \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

My signature affirms that I understand that responsibility for my child is mine after they leave the school per the above instructions.

## *Health History Form*

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

This form is to be completed by a parent or guardian.

1. Did any of the following problems affect this child? Please circle all that apply.

Problems with pregnancy  
Difficult delivery

Prematurity  
Poor growth or slow development  
in infancy

2. Does your child have any of the following problems? Please circle all that apply.

Asthma  
Convulsions or seizures  
Diabetes  
Kidney trouble  
Heart trouble  
Blood disorders  
Rheumatic fever

Known vision and hearing loss  
Contact with Tuberculosis  
Known Allergies  
Any handicaps  
Repeated pneumonia  
Behavior problems  
Hyperactivity

Please explain the circled items \_\_\_\_\_

\_\_\_\_\_

3. Other health problems \_\_\_\_\_

4. Has your child had any operations, serious accidents, or hospitalizations? \_\_\_\_Y \_\_\_\_N

5. Does your child take medications? \_\_\_\_Y \_\_\_\_N

If yes what? \_\_\_\_\_

6. Circle any of the following childhood illnesses your child has had:

German measles  
Whooping Cough

Measles  
Diphtheria

Mumps  
Chicken Pox

Polio  
Tetanus

7. Has your child had any dental problems and/or toothaches? \_\_\_\_Y \_\_\_\_N

8. Has your doctor recommended any restrictions of activity for this child? \_\_\_\_Y \_\_\_\_N

Explain: \_\_\_\_\_

9. Name of your child's doctor or clinic \_\_\_\_\_

**Guilford Preparatory Academy**  
**REQUEST FOR MEDICATION TO BE GIVEN DURING SCHOOL HOURS**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

The medication would be delivered to the school by a parent or guardian and should be in a container properly labeled by a pharmacist with the name of the student, name of the medication dispensed, dosage prescribed, and the time(s) it is to be given. This request must be signed by a parent/guardian and physician to authorize giving medication during school hours by school personnel.

**TO BE COMPLETED BY PHYSICIAN**

Medication \_\_\_\_\_

Times(s) to be given \_\_\_\_\_ AM \_\_\_\_\_ PM

Date to begin medication \_\_\_\_\_ Date to end \_\_\_\_\_

Please make note of any particular side effects of the medication that should be monitored in a school setting

\_\_\_\_\_

Route of administration \_\_\_\_\_

Other instruction or information \_\_\_\_\_

\_\_\_\_\_  
Physicians signature

\_\_\_\_\_  
Date

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**TO BE COMPLETED BY THE PHARMACIST**

Prescribed medication dispensed \_\_\_\_\_

Dosage unit \_\_\_\_\_ Form of medication \_\_\_\_\_

Other identifying information (color, markings, etc) \_\_\_\_\_

Other instructions \_\_\_\_\_

**When filling this prescription, please separate into two (2) bottles: one for school and the other for home.**

\_\_\_\_\_  
Pharmacist's Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY PARENT OR GUARDIAN**

I understand that the school is rendering a service and does not assume any responsibility for this matter. I also understand that personnel transporting or administering medication are acting as agents of the school and the specified student.

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Parent's signature

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Date

## *REQUEST FOR STUDENT RECORDS*

As parent/guardian of \_\_\_\_\_, who is applying for admission to Guilford Preparatory Academy, I authorize the release of current school information and ask that a transcript, psychological test scores, health records with immunization data and test records and other relevant information.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

To: \_\_\_\_\_

Former School

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Grade

This Student is now enrolled at:

**Guilford Preparatory Academy  
2210 E. Cone Blvd.  
Greensboro, NC 27405  
336 954-1344**