

# Cornerstone Academy

5 Oak Avenue, Northborough, MA 01532 ▪ Telephone: (508) 351-9976 ▪ Fax: (508) 351-9008  
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## Application for Admission

Please type or print and return to Cornerstone Academy together with the non-refundable application fee (\$50 per family). Applications filed without this fee will not be processed. If the candidate is accepted, a deposit will be required at the time of confirmation of enrollment. Please enclose one small photograph of the candidate (for identification purposes). Thank you.

Legal name of applicant: \_\_\_\_\_ Male  Female   
First Middle Last

Exact date of birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
Month/Day/Year

I wish to enter my child in grade \_\_\_\_\_ for 20\_\_\_\_ academic year.

Name of parent/ guardian financially responsible for student:

\_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
Street/ Apartment

\_\_\_\_\_ E-mail: \_\_\_\_\_  
City State Zip

Place of employment: \_\_\_\_\_  
Company

Occupation/ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
Street/ Suite

\_\_\_\_\_ E-mail: \_\_\_\_\_  
City State Zip

Name of second parent:

\_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
Street/ Apartment

\_\_\_\_\_ E-mail: \_\_\_\_\_  
City State Zip

Place of employment: \_\_\_\_\_  
Company

Occupation/ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
Street/ Suite

\_\_\_\_\_ E-mail: \_\_\_\_\_  
City State Zip

Parents Status: Both Living  Father Deceased  Mother Deceased   
Together  Separated  Divorced   
Applicant lives with: Both Parents  Parent (1)  Parent (2)

Name of school the child is currently attending: \_\_\_\_\_

Name of the principal: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip Phone

Date of entry: \_\_\_\_\_ Present Grade Level: \_\_\_\_\_

List school(s) attended during last 3 years (if different from above):

1. \_\_\_\_\_  
School Name City State

2. \_\_\_\_\_  
School Name City State

Are there any pronounced family characteristics or unusual home conditions that might be valuable for the Academy to know?

\_\_\_\_\_  
\_\_\_\_\_

Please list names, ages and current schools of all siblings.

Child's Name Age School Name

Child's Name Age School Name

Child's Name Age School Name

How does your child relate to siblings and other members of the family?

\_\_\_\_\_  
\_\_\_\_\_

How does he or she relate to peers?

\_\_\_\_\_  
\_\_\_\_\_

What are your child's **favorite** outdoor sports & physical activities?

\_\_\_\_\_  
\_\_\_\_\_

What is his or her level of participation in these activities?

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What are your child's **favorite** indoor recreation and hobbies?

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What is his or her level of participation in these activities?

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Does he or she have any particular aversions or dislikes?

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Does your child like to read? If yes, what?

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Please list any leadership(s) or community service activities in which your child has been involved.

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Has there been any significant exposure to a foreign language?

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Has your child had any additional educational or psychological testing or consulting? If so, with whom should we communicate?

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Name

Phone

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City

State

Zip

E-mail

Have you and your child had an interview at Cornerstone Academy this year or in previous years?

Yes  No

**How did you come to hear of The Cornerstone Academy?**

- General reputation
- Open house
- Web site
- Real estate agent
- Cornerstone parent     Who? \_\_\_\_\_
- Advertisement          Where? \_\_\_\_\_
- Referral from school    Which? \_\_\_\_\_

On a **separate sheet of paper**, please describe your child, being sure to comment on his/ her strengths and weaknesses as you see them. In addition, please state what you hope to have your child gain from being educated at Cornerstone Academy.

Cornerstone Academy requires the active involvement of our parents in the education of their child or children. Parents are required to either: 1. Volunteer twenty-five (25) hours to the school, or, 2. Provide an additional payment of \$500 per family per year.

I agree to:                      Volunteer 25 hours                            Pay the \$500 assessment     

Payment of the assessment fee is due on or about August 30<sup>th</sup> of each school year or within one (1) week of enrollment (during the school year).

I understand that if/ when the applicant is enrolled, I agree to comply with the rules, regulations and policies of The Cornerstone Academy as outlined in the Policy Manual and other official Academy communications.

It is further understood that Cornerstone Academy reserves the right to dismiss any student, for any reason, deemed to be in the best interests of Cornerstone Academy. Dismissal of the student does not release the parent(s) from the financial obligations agreed to in the contract between the parents(s) and Cornerstone Academy.

Date of application:      \_\_\_\_\_

Signature:                      \_\_\_\_\_  
(Of the person who is financially responsible for the student)

Cornerstone Academy does not discriminate on the basis of race, color, nationality, ethnic origin or handicap. The Cornerstone Academy is an Equal Opportunity Employer.