



**Columbus Academy**  
*In Quest of the Best*

Form **A**

# Application For Admission

**Submit application  
and non-refundable  
application fee made  
payable to: Columbus  
Academy**

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Attn: Admissions  
Columbus Academy  
Gahanna, OH 43230  
(614) 509-2220

# Application for Admission

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## The Applicant

Please print or type.

Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Applying for: \_\_\_\_\_ grade in August of 20 \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Citizenship:  United States  Other (list country) \_\_\_\_\_

Presently living in what school district? \_\_\_\_\_

Current School: \_\_\_\_\_ Grade Levels: \_\_\_\_\_ Years: \_\_\_\_\_ to \_\_\_\_\_

School Address: \_\_\_\_\_

Previous School: \_\_\_\_\_ Grade Levels: \_\_\_\_\_ Years: \_\_\_\_\_ to \_\_\_\_\_

Previous School: \_\_\_\_\_ Grade Levels: \_\_\_\_\_ Years: \_\_\_\_\_ to \_\_\_\_\_

In what school and community activities does the applicant participate?

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Does the applicant require any modifications or accommodations of the Academy's existing curriculum to meet his/her physical, emotional, or educational needs? Yes: \_\_\_\_\_ No \_\_\_\_\_

Provide all individualized educational plans, and psychological testing information.

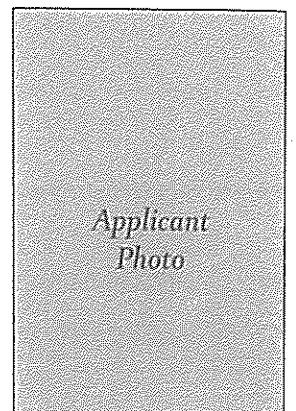
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Names and Grades of other children in the Family:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_



<b>For Office Use Only:</b>	
Application received: date: _____ initial: _____	Fee received: date: _____ initial: _____





# Columbus Academy

*In Quest of the Best*

## General Information:

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1. How did you learn about Columbus Academy?

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2. Why are you seeking a Columbus Academy education for your child?

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3. Have you applied to Columbus Academy in the past? Yes\_\_\_ No\_\_\_ (If yes, please explain)

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4. Do you plan to apply for need-based financial aid? Yes\_\_\_ No\_\_\_

(Financial aid packets are available beginning in January.)

## Demographical Information:

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Professional organizations, such as the National Association of Independent Schools, and the state and federal governments require us to provide data regarding the ethnic origins of our students. How would you like your child to be identified?

First language, if other than English:\_\_\_\_\_ Language spoken at home:\_\_\_\_\_

If you wish to be identified with a particular ethnic group, please check all that apply:

- African American, Black  Multiracial
- Native American, Alaskan Native (tribal affiliation\_\_\_\_\_enrolled\_\_\_\_\_)
- Asian American (country of family's origin\_\_\_\_\_)
- Hispanic, Latino (country\_\_\_\_\_)
- Other (please specify\_\_\_\_\_)
- Choose not to disclose
- Mexican American, Chicano
- Native Hawaiian/Pacific Islander
- Puerto Rican
- White or Caucasian

*Columbus Academy aspires to be an inclusive community where all differences consistent with the mission of the school are valued, respected, and integrated into the educational process.*

*Columbus Academy encourages and welcomes applications from students without regard to race, creed, religion, national origin or sexual orientation and does not discriminate in the administration of its educational policies, financial aid programs, and school administered extracurricular programs.*