



# Application for Admission

Thank you for applying. Our application fee is \$75.00/child. (Fee is capped at \$200.00 / family) Upon acceptance, we ask that you provide a 15% down payment of tuition within two weeks of the acceptance date along with a completed Enrollment Packet.

The Mission of CAL is to develop the academic potential of each student through a rigorous, content-rich, classical liberal arts program while cultivating in them a virtuous character.

Please send completed form to:

Mrs. Goertz:

[jessica@cadlafayette.com](mailto:jessica@cadlafayette.com)

Or to:

Attn: Admissions

Classical Academy de Lafayette

1102 E Pitman Ave

Wentzville, MO 63385

## STUDENT INFORMATION

Date \_\_\_\_\_ Current Grade \_\_\_\_\_ Applying for Grade \_\_\_\_\_

Student Name \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

Home Address \_\_\_\_\_  
(STREET OR P.O. BOX)

\_\_\_\_\_  
(CITY) (STATE) (ZIP)

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Current School \_\_\_\_\_

Dates Attended \_\_\_\_\_

School Address \_\_\_\_\_  
(STREET OR P.O. BOX)

\_\_\_\_\_  
(CITY) (STATE) (ZIP)

**Please Initial:** \_\_\_\_\_ I give CAL permission to access my child's education background including all records from their previous school.

### For School Use Only

\_\_\_ Application

\_\_\_ Enrollment Fee

\_\_\_ Enrollment Agreement

\_\_\_ Parent Oath

\_\_\_ Student Oath

\_\_\_ Photo Release Form

\_\_\_ Birth Certificate

\_\_\_ Physical Exam Form

\_\_\_ Immunization Form

\_\_\_ Health History Form

\_\_\_ Emergency Info

DATE AND TIME APPLICATION RECEIVED \_\_\_\_\_

THE CLASSICAL ACADEMY  
DE LAFAYETTE

(636) 222-3442

[www.cadlafayette.com](http://www.cadlafayette.com)

# PARENT INFORMATION

## 1. Parent/Guardian \_\_\_\_\_

(TITLE) (FIRST) (MIDDLE) (LAST) (PREFERRED NAME)

Relationship \_\_\_\_\_

Home Address \_\_\_\_\_  
(STREET OR P.O. BOX) (CITY) (STATE) (ZIP)

Home Phone ( \_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_ ) \_\_\_\_\_

E-mail \_\_\_\_\_ Work Phone ( \_\_\_\_ ) \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

## 2. Parent/Guardian \_\_\_\_\_

(TITLE) (FIRST) (MIDDLE) (LAST) (PREFERRED NAME)

Relationship \_\_\_\_\_

Home Address \_\_\_\_\_  
(STREET OR P.O. BOX) (CITY) (STATE) (ZIP)

Home Phone ( \_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_ ) \_\_\_\_\_

E-mail \_\_\_\_\_ Work Phone ( \_\_\_\_ ) \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Marital status of parents: \_\_\_ Married \_\_\_ Other: \_\_\_\_\_

Student resides with: \_\_\_ Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Other: \_\_\_\_\_

## 3. Parent/Guardian \_\_\_\_\_

(TITLE) (FIRST) (MIDDLE) (LAST) (PREFERRED NAME)

Relationship \_\_\_\_\_

Home Address \_\_\_\_\_  
(STREET OR P.O. BOX) (CITY) (STATE) (ZIP)

Home Phone ( \_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_ ) \_\_\_\_\_

E-mail \_\_\_\_\_ Work Phone ( \_\_\_\_ ) \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

## 4. Parent/Guardian \_\_\_\_\_

(TITLE) (FIRST) (MIDDLE) (LAST) (PREFERRED NAME)

Relationship \_\_\_\_\_

Home Address \_\_\_\_\_  
(STREET OR P.O. BOX) (CITY) (STATE) (ZIP)

Home Phone ( \_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_ ) \_\_\_\_\_

E-mail \_\_\_\_\_ Work Phone ( \_\_\_\_ ) \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

## COMMUNICATION INFORMATION

CAL will periodically send out information regarding your child and school activities. Please specify who should receive these communications:

Name/Relation to Student

Email, if not provided above

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## FAMILY INFORMATION

**Student's Siblings:**

(NAME)	(GRADE)	(SCHOOL ATTENDING)
(NAME)	(GRADE)	(SCHOOL ATTENDING)
(NAME)	(GRADE)	(SCHOOL ATTENDING)

## REFERENCE

Please provide two personal references who will be able to vouch for your child's character. At least one must have known your child in an educational capacity.

Name

Phone

Email

1.) \_\_\_\_\_

2.) \_\_\_\_\_

## EDUCATIONAL INFORMATION

Has your student been a part of a classical education program? If yes, please explain.

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Has the student ever been diagnosed with a learning difference, been recommended for counseling or special services such as occupational speech therapy, or received an Individual Education Plan (IEP)? YES / NO

If yes, briefly describe \_\_\_\_\_

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Has the student ever had behavioral difficulties in school such as probation, suspension, expulsion? YES / NO

If yes, briefly describe \_\_\_\_\_

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Date \_\_\_\_\_

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