

D O R E  
A C A D E M Y

Application for Admission

Dear Parents,

We are pleased that you are interested in Dore Academy for your child. We hope you will find our application packet helpful in learning more about us. Carefully read over the information below to assist you in the admissions process.

### **Admissions Information**

Dore Academy maintains a policy of limited enrollment and selective admissions recognizing that there is a range of students that the school serves best. We are not equipped to educate those with severe physical handicaps, below-average intelligence, or serious emotional or behavioral problems. The admissions process goal is to determine if the child's needs will be served most appropriately by attending Dore Academy.

### **Admissions Procedures**

Admissions decisions are made when the entire application process has been completed.

*Application.* An application for admission must be completely filled out, accompanied by a non-refundable processing fee of \$100.00.

*Interview.* Parents/Guardian of each applicant should schedule an appointment to learn about the school and tour the facility. Interviews are arranged by calling the office.

*Observation/Classroom Visit.* Applicants for all grades will be observed in a classroom setting specific to their grade level.

*Psychological-Educational evaluations.* Each applicant is required to submit a psycho-education evaluation taken within the last three years.

*School Records.* All previous educational records must be submitted. Transcript Release forms are included in the application packet and are to be sent directly to the child's current school. Dore Academy reserves the right to request further testing if the admissions committee feels that more information would be beneficial for the decision making process.

*Teacher Evaluation Forms.* Parent/Guardian of the applicant must have previous or current teachers complete an evaluation form. Two evaluation forms are required from core subject teachers; however, the blank form may be duplicated for additional evaluations to be made.

*Additional Evaluations.* If available, please submit any neurological, occupational therapy, speech and language therapy evaluations.

*Release of Information.* This form must be filed with Dore Academy so that any information from an agency working with your child can be sent.

If you have additional questions please contact me at 704.365.5490 ext. 709.

Best regards,

*Portia Eley*

Portia Eley,  
Director of Admissions  
Dore Academy

**Application for Admission**

**Applying for Grade \_\_\_\_\_**  
**For the year of 20\_\_\_\_**

Student's Name \_\_\_\_\_  
(Last) (First) (M.I.) (Preferred Name)

Birth day \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_  
(Month/Day/Year)

Student lives with: both parents \_\_\_\_\_ mother \_\_\_\_\_ father \_\_\_\_\_ other \_\_\_\_\_ (specify) \_\_\_\_\_

**Parent/Guardian Information**

**Father**

**Mother**

\_\_\_\_\_  
(First) (Last) (First) (Last)

\_\_\_\_\_  
(Home address – Street or PO) (Home address – Street or PO)

\_\_\_\_\_  
(City) (State) (Zip) (City) (State) (Zip)

\_\_\_\_\_  
(Home telephone) (work) (Home telephone) (work)

\_\_\_\_\_  
(Cell) (email) (Cell) (email)

Would you like any correspondence to be sent to any other party? Yes \_\_\_\_\_ No \_\_\_\_\_

Party responsible for tuition if it is someone other than parents or guardians:

\_\_\_\_\_  
(Last) (First) (Title) (Relationship)

\_\_\_\_\_  
(Address) (City) (State) (Zip)

**Student History**

Name of current/last school attended \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
(Street/P.O. Box) (City) (State) (Zip)

Name of Principal/Headmaster \_\_\_\_\_ Grades attended \_\_\_\_\_ --- \_\_\_\_\_

Student's special interests, honors, or activities  
\_\_\_\_\_

Where did your child complete a psycho-educational evaluation?

\_\_\_\_\_  
(Name of agency/individual) (Telephone number)

\_\_\_\_\_  
(City) (State) (Zip)

Please indicate the diagnoses identified by a licensed psychologist, neurologist, or physician: \_\_\_\_\_

\_\_\_\_\_

Is the student taken any medication on a regular basis? \_\_\_\_\_  
(If yes, please specify)

Has your child in the past been prescribed any long-term medication? \_\_\_\_ Yes \_\_\_\_ No

Does your child receive any specialized services through his/her current school?

\_\_\_\_ IEP \_\_\_\_ Section 504 Plan \_\_\_\_ Learning Support \_\_\_\_ Other \_\_\_\_ None

Please describe those services:  
\_\_\_\_\_  
\_\_\_\_\_

Please identify any health issues which will help us when working with your child in the classroom:

\_\_\_\_\_

Has the student been suspended or dismissed for academic, disciplinary, or other reasons?

\_\_\_\_\_

\_\_\_\_\_  
(If yes, please specify)

**Parent Questionnaire**

What do you perceive to be your child's strengths, abilities, talents?

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What do you perceive to be your child's weaknesses?

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Why do you feel a specialized setting such as Dore Academy is needed?

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What are your short-term and long-term goals for your child?

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How does your child get along with his/her peers?

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How does your child get along with authority figures?

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Does your child participate in any extracurricular activities? What organizations is he/she a member (i.e. youth groups, boy/girl scouts, sports?)

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**Student Questionnaire**  
**(Grades 1-5)**

***Student Instructions***

*Please take a moment to complete this questionnaire in your own handwriting so we can learn more about you.*

Your name \_\_\_\_\_

Grade entering \_\_\_\_\_

What is your favorite thing about school?

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Tell us what you don't like about school.

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Tell us about your best day ever.

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Tell us about your favorite things to do outside of school.

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**Student Questionnaire**  
**(Grades 6-12)**

***Student Instructions***

*Please take a moment to complete this questionnaire in your own handwriting so we can learn more about you.*

Your name \_\_\_\_\_

Grade entering \_\_\_\_\_

What is your favorite subject or activity in school? Explain why

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Tell us about some of the extracurricular activities that you enjoy.

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Describe an accomplishment of which you are particularly proud.

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Who is your role model and why?

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What is your favorite book or movie and why?

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## **Teacher Recommendation**

The completion of this report is a part of Dore Academy's admission process. We would appreciate your candid appraisal of the applicant, which will assist us in evaluating the student's profile. This form will be kept in strict confidence and will not become a part of any permanent record. After completing both back and front sides, please return this form directly to the school address below. Thank you for your time.

Name of student: \_\_\_\_\_

Current grade: \_\_\_\_\_

1. How long have you known the applicant? In what capacity?

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2. Has the student had excessive absences or tardies?

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3. Have there been any violations of school and classroom rules? If yes, please explain.

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4. If there have been behavioral problems, please explain.

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5. To your knowledge has this student ever been suspended from school? If yes, please explain behavior causing this outcome.

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6. How does this student function in unstructured settings such as the lunchroom, hallways, and recess?

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7. Describe the student's level of independence.

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8. What accommodations, if any, does the student need in the classroom?

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9. Please describe this student's strengths, abilities, and talents.

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10. Please describe weaknesses or concerns needing to be addressed in a specialized program.

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11. What words come to mind when describing the applicant?

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***Please check the most appropriate category:***

	Good	Fair	Poor
Self confidence	_____	_____	_____
Organization	_____	_____	_____
Completing classwork	_____	_____	_____
Completing homework	_____	_____	_____
On task behavior	_____	_____	_____
Following written directions	_____	_____	_____
Following oral directions	_____	_____	_____
Impulse control	_____	_____	_____
Participation in discussions	_____	_____	_____
Participation in groups	_____	_____	_____
Motivation for learning	_____	_____	_____
Relations toward peers	_____	_____	_____
Relations toward authority figures	_____	_____	_____

Teacher's signature \_\_\_\_\_

Date \_\_\_\_\_

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Impulse control	_____	_____	_____
Participation in discussions	_____	_____	_____
Participation in groups	_____	_____	_____
Motivation for learning	_____	_____	_____
Relations toward peers	_____	_____	_____
Relations toward authority figures	_____	_____	_____

Teacher's signature \_\_\_\_\_

Date \_\_\_\_\_





**Details**

While your answer is entirely **optional**, to help us meet our diversity goals is the student:

Caucasian\_\_\_\_\_ Afro-American\_\_\_\_\_ Asian\_\_\_\_\_ Hispanic\_\_\_\_\_

American Indian\_\_\_\_\_ Other\_\_\_\_\_

How did you learn about Dore Academy? \_\_\_\_\_

Will you be applying for financial aid? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, financial aid information and forms are available in the Admissions Office.

Please return this application to Dore Academy, 1727 Providence Rd., Charlotte, NC 28207 with a \$100.00 non-refundable application fee.

\_\_\_\_\_  
(Signature of Parent or Guardian)

Dore Academy does not discriminate on the basis of race, color, sex, age, marital status, disability, religion, or creed or national or ethnic origin in the administration of its educational programs, admissions, and financial aid policies, or its employment practices.