



APPLICATION FORM

Odyssey Community School
PO Box 17578
Asheville, North Carolina 28816
828 259 3653/3654

Mission Statement

Integral learning is a life-long adventure that ignites and supports the fulfillment of individual, society, and the greater field of life. It is a love affair with life and living. It is passionate awakening and embraces of the largeness of one's true self while holding a deep appreciation for the truth and life fulfilling gifts of others. Odyssey is a community dedicated to integral learning.

Please circle grade applying for: PS K 1 2 3 4 5 6 7 8 9 10

Please type or print.

Academic year applying for _____

Student's Full Name (as it should appear on school records): First, Middle, Last _____ Commonly used first name _____

Date of Birth: Month _____ Day _____ Year _____ Present Age _____ Home Telephone (include area code) _____

Family Information

Parent's/Guardian's Full Name _____

Parent's/Guardian's Full Name _____

Home Address _____

Home Address _____

Relationship to Applicant _____

Relationship to Applicant _____

Nature of Work: Position _____

Nature of Work: Position _____

Employer _____

Employer _____

Business Telephone (include area code) _____

Business Telephone (include area code) _____

Stepparent's Full Name (if applicable) _____

Stepparent's Full Name (if applicable) _____

Home Address _____

Home Address _____

Relationship to Applicant _____

Relationship to Applicant _____

Nature of Work: Position _____

Nature of Work: Position _____

Employer _____

Employer _____

Business Telephone (include area code) _____

Business Telephone (include area code) _____

We welcome families of all races, nationalities, creeds, religions, sexual orientations, and social and economic backgrounds.

Student lives with (check any that apply):

Father Mother Stepfather Stepmother Other Guardian

Please check any that apply:

Student adopted Parents divorced/separated Mother remarried
 Father deceased Mother has custody Father remarried
 Mother deceased Single parent household Father has custody
 Joint Custody Other: _____

Were you in any way dissatisfied with your child's previous school environment? _____

Please explain:

Please comment on your child's strengths, challenges, special needs, and special interests.

Please respond to the following by indicating whether your child is:

advanced on target slightly delayed delayed

1. physical self-care _____
2. interactions with peers _____
3. interactions with adults _____
4. ability to focus and complete tasks _____
5. ability to understand spoken directions _____
6. coordination (large motor dev.) _____
7. letter symbol formation (fine motor dev.) _____
8. ability to understand written directions _____
9. responsibility _____
10. honesty/integrity _____

Does the applicant have any physical impairments or allergies which would in any way affect participation in the full range of school activities?

Yes No

Does the applicant have any recent serious physical or emotional illness which requires, or has required, the care of a physician?

Yes No

If the answer to either question is “yes”, please give details:

Does your child have discipline issues either for you or for others? _____ Please explain.

How likely is your child to distract or be easily distracted by others?

Has your child been recommended for evaluation, or been evaluated or been identified as having learning differences, developmental delays, visual or auditory processing difficulties, or behavior or emotional disorders (ADD, ADHS, bipolar disorder, OCD. etc.)? _____. Do you suspect that your child may have any of the above delays or differences? _____ Please explain.

Has medication been recommended or been taken by your child to address any of the above diagnoses? _____ Please explain.

If your child has been evaluated by one or more specialists, please list their name(s) and business phone numbers below.

*Failure to disclose information could result in your being required to withdraw your child and forfeit tuition.

After evaluation, a decision will be made and you will be notified. If the applicant is accepted, you will need to sign an enrollment contract and send in a tuition deposit. An enrollment contract is for one year only, or in the case of a transferring student, from the time of transfer to the end of that school year. Granting of subsequent contracts for future years is subject to annual decision on the part of the school.

I certify that all information that I have provided on this application is accurate and authorize the release of all information from evaluation specialists and previous teachers to teachers and administrators at Odyssey Community School.

Signature (s) _____ Date _____

_____ Date _____

Odyssey: a Community of Integral learning, Inc., aka Odyssey Community School, is a nonprofit institution that does not discriminate in admissions or hiring practices. We welcome students and staff of any race, creed, ethnic origin, or lifestyle.