



COLUMBIA INDEPENDENT SCHOOL

Application for Admission – 3rd-5th Grade

Columbia
Independent
School
www.cislions.org

Karen Shryock
Director of Admissions
admissions@cislions.org
Phone 573-815-5965

Lower School (K-5)
107 Waugh St.
Columbia, MO 65201
Phone 573-449-6435
Fax 573-449-8348

Upper School (6-12)
1200 E. Broadway
Columbia, MO 65215
Phone 573-815-5960
Fax 573-815-5971

ADMISSION CHECKLIST

The following must be submitted to CIS:

- Form A – Application for Admission (2 pages)
- Form B – Parents’/Guardians’ Questionnaire (2 pages)
- Form C – Applicant Information (2 pages)
- Form D – Request for School Records form
- Application Fee of \$75.00

TEACHER EVALUATIONS

Applicants for Kindergarten may give the teacher evaluation to a preschool teacher. If the child has not attended preschool, the form may be given to a daycare provider or another adult who serves in a teaching role (ex. music, tumbling, religious classes, and the like).

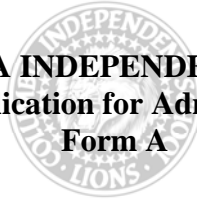
Applicants for 1st – 5th grade must provide their current/most recent classroom teacher with the teacher evaluation.

Applicants for 6th – 12th grade must give a teacher evaluation form to both their English teacher and Math teacher.

Admission Policy

Columbia Independent School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. CIS does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school-administered programs.

The selection of a school is an important decision for families. Our admissions process encourages thoughtful and mutual exploration of interests, attitudes, and philosophies. It is just as important for prospective families to become acquainted with the mission and philosophy of Columbia Independent School as it is for the Admissions Committee to become familiar with the academic and personal qualities of each student. During the admissions procedure, we learn about our applicants from the application, teacher evaluation(s), school records, interview, school visit, and testing (if applicable).



COLUMBIA INDEPENDENT SCHOOL
Application for Admission
Form A

FAMILY INFORMATION

Name of Applicant: _____
FIRST MIDDLE LAST

Preferred Name: _____ Male Female

The application is for grade: _____ for school year 20____ - 20____

Date of Birth (MM/DD/YYYY): _____ Soc. Sec. Number _____

Home Address _____ Home Phone _____

City _____ State _____ Zip _____

Is this student a U.S. citizen? Yes No
If no, is this student a permanent resident of the U.S.? Yes No
If yes, attach copy of green card and passport.
If no, is this student in the U.S. on a dependent/student visa? Yes No
If yes, attach copy of visa and passport.
Students requiring an I-20 must complete the International Student Application.

Name of parent(s) or guardian(s):

Dr. Mr. Mrs. Ms. Dr. Mr. Mrs. Ms.

PARENT'S/GUARDIAN'S NAME PARENT'S/GUARDIAN'S NAME

EMPLOYER/BUSINESS EMPLOYER/BUSINESS

OCCUPATION POSITION OCCUPATION POSITION

OFFICE PHONE CELL PHONE OFFICE PHONE CELL PHONE

Please check all that apply:

- Parents married Father remarried Mother remarried
- Parents separated Father deceased Mother deceased
- Parents divorced Applicant lives with father Applicant lives with mother

If the applicant does not live with both parents, please provide the name and address of the parent who does not live with the applicant:

Dr. Mr. Mrs. Ms.

PARENT'S/GUARDIAN'S NAME STREET ADDRESS

CITY STATE ZIP HOME PHONE

Please list all of the applicant's siblings:

Name	Date of Birth	Grade	School Attending	Check if student does/did attend CIS



COLUMBIA INDEPENDENT SCHOOL

Application for Admission Form A (continued)

EDUCATION

School now attending: _____ Current Grade: _____ Dates of Attendance: _____

SCHOOL ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE NUMBER _____

HEAD OF SCHOOL OR PRINCIPAL _____

Teacher/Counselor who best knows the applicant: _____
NAME _____ POSITION _____

TEACHER'S ADDRESS (IF NOT SCHOOL ADDRESS) _____ CITY _____ STATE _____ ZIP _____ PHONE NUMBER _____

Previous Schools Attended:

School	Grades	Dates of Attendance	Address

REFERENCES

Please give two personal references to whom we may write and/or call for information about your son/daughter (e.g., prior classroom teacher, preschool teacher, school counselor). Please do not use your son's/daughter's current teacher as a reference.

Reference 1: _____
NAME _____ POSITION _____

REFERENCE'S ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE NUMBER _____

Reference 2: _____
NAME _____ POSITION _____

REFERENCE'S ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE NUMBER _____

In addition to Forms A, B, C, and D, an application fee of \$75.00 is required before CIS can begin the application process (checks should be written out to Columbia Independent School). Form E can be given directly to the applicant's teacher(s), but the teacher(s) must mail the form directly to Columbia Independent School. Upon receipt of Forms A, B, C, and D, the Director of Admissions will contact you to arrange the interview and half-day visit (visit applies to 6-12 grade applicants only). Applicants for grades 6-12 must also register for the entrance exam. If you are interested in applying for financial aid, please contact the Director of Admissions to obtain the Student and Student Service for Financial Aid (SSS) guidebook and application.

PARENT/GUARDIAN SIGNATURE

DATE

All materials submitted in support of an Application for Admission become the property of Columbia Independent School. Application materials, including evaluations, school reports, and the results of our admissions interview and entrance exam, are confidential and will not be released. Please contact the CIS Admissions Office for further information at (573) 815-5965.



COLUMBIA INDEPENDENT SCHOOL
Parents'/Guardians' Questionnaire
Form B (continued)

6. Has this student received any assistance in the form of special education programming (including gifted and/or talented, behavioral intervention, or English as a Second Language instruction)?
 Yes No If yes, please explain.
7. Does this student have any health irregularities, allergies, or educational challenges that might interfere with normal classroom and/or physical education activities or admission testing?
 Yes No If yes, please explain.
8. Please describe any other circumstances that have affected or may affect the applicant's performance or attendance in school (e.g., frequent change of schools, withdrawal, suspension, skipped or repeated grades). Please include dates.
9. How did you learn about Columbia Independent School?
10. Please indicate specific questions you would like to discuss at your son's/daughter's interview:



COLUMBIA INDEPENDENT SCHOOL
Applicant Information
Form C

Candidates for admission are asked to complete the form below in their own handwriting.

Name _____ Date of Birth _____

Present School _____ Grade _____

What are your favorite subjects in school? _____

List your three favorite books read in the past year:

School Activities – (applicant’s current/most recent school year)

Please describe the activities in which you are involved at your school.

Out-of-School Activities – (applicant’s current/most recent school year)

Please describe the activities in which you are involved outside of school.

Please explain why you are interested in going to school at CIS.


COLUMBIA INDEPENDENT SCHOOL
Request for Copies of School Records
Form D

The upper portion of this form is to be completed by the Columbia Independent School Admissions Office.

Office of the Registrar: _____

Name of Student Applying for Admission: _____

The student named above, who is currently enrolled in your school or who recently attended your school, is a **CANDIDATE FOR ADMISSION** to Columbia Independent School for the _____ school year. We would appreciate **COPIES ONLY** of grade reports, standardized test scores, teacher comments, attendance records, discipline records, and other confidential information you feel might be helpful to us in evaluating his/her academic ability and social development. Please note that this student is not transferring to our school at this time, and you should not take any action regarding this student's status at your school.

Date requested by CIS: _____

Date returned to CIS: _____

DIRECTOR OF ADMISSIONS (Karen Shryock)

Registrar: Thank you for your assistance. Please return this original form, or a copy of it, along with the materials we have requested.

Columbia Independent School
Director of Admissions
1200 East Broadway
Columbia, MO 65215
Phone 573-815-5960
Fax 573-815-5971

Parent of the applicant:

This portion of the form is to be completed by the parent or guardian of the applicant. The entire form is then returned to Columbia Independent School with the Application for Admission.

Name of student: _____

Present grade: _____ School: _____

SCHOOL ADDRESS

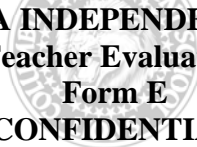
CITY STATE ZIP

PHONE NUMBER

I hereby give permission to the school I have listed above to release information to Columbia Independent School, as requested below.

PARENT'S/GUARDIAN'S SIGNATURE

DATE


COLUMBIA INDEPENDENT SCHOOL
Teacher Evaluation
Form E
CONFIDENTIAL

Parent of the applicant:

The upper portion of this form is to be completed by the parent or guardian of the applicant. The entire form is then to be given to the applicant's current/most recent teacher.

Name of applicant: _____

Present grade: _____ School now attending/last attended: _____

Current/Most Recent Teacher: _____
NAME POSITION

SCHOOL ADDRESS CITY STATE ZIP PHONE NUMBER

I hereby give permission to the teacher I have listed above to complete this evaluation for Columbia Independent School on behalf of my son/daughter. I waive my right to access this evaluation.

PARENT'S/GUARDIAN'S SIGNATURE DATE

Current/Most Recent Teacher of the applicant:

The student above is applying for admission to Columbia Independent School. Because we believe the academic and personal credentials of each applicant are key components of the admissions process, we value the information you furnish.

For how long have you known this child? _____ In what capacity? _____

In approximately which quarter in the class does this student rank academically?

top				bottom

1	2	3	4	

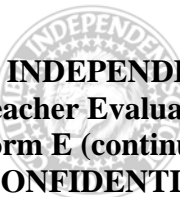
How many students are in the class? _____

Is this student in an ability grouping system? _____

If so, please describe: _____

What are the first words that come to mind when describing this student?

The items on the following pages ask for your sense of this student's relationships within the school community, emotional and social growth, and intellectual development. Your insight will help us to know this student. We understand the difficulty in evaluating a student, and we are aware that students are constantly growing, changing and developing.


COLUMBIA INDEPENDENT SCHOOL
Teacher Evaluation
Form E (continued)
CONFIDENTIAL

Please rate this student on the scale below as it relates to each category listed.

PERSONAL QUALITIES

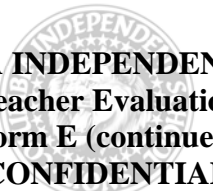
	Excellent	Good	Fair	Needs Improvement
1. Conduct				
2. Consideration for others				
3. Relationships with peers				
4. Relationship with adults				
5. Emotional maturity				
6. Self-confidence				
7. Sense of humor				
8. Honesty				
9. Sense of responsibility				

Please comment on personal development, including any areas needing improvement.

ACADEMIC QUALITIES

	Excellent	Good	Fair	Needs Improvement
1. Motivation to learn				
2. Intellectual curiosity				
3. Ability to work in a group				
4. Ability to work independently				
5. Organizational skills				
6. Class preparation				
7. Class participation				
8. Academic achievement				
9. Academic promise				

Please comment on academic development, including any areas needing improvement.


COLUMBIA INDEPENDENT SCHOOL
Teacher Evaluation
Form E (continued)
CONFIDENTIAL

1. What are this student's special interests or abilities?

2. We would appreciate comments and observations concerning the strengths, weakness, health, or special needs of this student. We welcome any information you would think would be helpful.

3. Please comment on the parents' or guardians' support of their son's/daughter's learning and their cooperation with the school:

4. We welcome any other information you believe would be helpful in the admissions process.

FINAL ASSESSMENT

	Recommended without Reservation	Strongly Recommended	Recommended	Recommended with Reservation	Not Recommended
Academic	5	4	3	2	1
Personal	5	4	3	2	1

Print Name _____ Daytime Phone Number: _____

Signature _____ Date: _____

Please send the completed Teacher Evaluation directly to Columbia Independent School.
We also accept faxed Teacher Evaluations at 573-815-5971. If you have any questions, please call 573-815-5965.
Columbia Independent School
Attention: Director of Admissions
1200 E. Broadway
Columbia, MO 65215
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