



Jefferson  
COMMUNITY  
SCHOOL

## Application for Admission 2016–2017

For the application, we seek information from the student, the parent/guardian, and the previous teacher and school(s). To complete the Application for Admission, please do the following:

1. Complete the attached application forms:
  - a. Applicant Information – to be completed by the student or parent/guardian
  - b. Academics & Activities – to be completed by the student or parent/guardian
  - c. Student Questionnaire – to be completed independently by the student
  - d. Writing Sample – to be completed independently by the student
  - e. Parent Questionnaire – parent/guardian completes
2. Include copies of the last two years of grade reports from previous school(s).  
If the applicant is admitted, JCS will request formal transfer of academic records.
3. Submit all forms and \$150 non-refundable application fee to:

Admissions  
Jefferson Community School  
280 Quincy Street  
Port Townsend, WA 98368

4. Give the Teacher Reference Form to the previous teacher who knows the student best.  
The teacher should complete the form and submit it to JCS in a separate, sealed envelope.

*Jefferson Community School admits young people of any race, color, religion, and national or ethnic origin.  
Jefferson Community School does not discriminate against any person in admission or employment because of these considerations.  
The School also adheres to existing state and federal law and regulations regarding disability, gender, and age.*

# Applicant Information

---

Applicant's First \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_ Nickname? \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Male or Female (*circle one*)

---

Applicant's Mailing Address \_\_\_\_\_

---

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Applicant's Cell Phone \_\_\_\_\_ Applicant's Email Address \_\_\_\_\_

School(s) attended last 2 years \_\_\_\_\_ / \_\_\_\_\_  
 Current Grade \_\_\_\_\_

# Parent/Guardian Information

---

First \_\_\_\_\_ Last Name \_\_\_\_\_ Relation to Applicant \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

---

First \_\_\_\_\_ Last Name \_\_\_\_\_ Relation to Applicant \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Student lives with (*circle all that apply*): Father / Mother / Stepfather / Stepmother / Other: \_\_\_\_\_

Addresses of Parents/Guardians (if different from applicant's):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Jefferson Community School admits young people of any race, color, religion, and national or ethnic origin.  
 Jefferson Community School does not discriminate against any person in admission or employment because of these considerations.  
 The School also adheres to existing state and federal law and regulations regarding disability, gender, and age.*

## Academics & Activities

In the spaces below, please list your academic interests, activities, teams, community service, travels, musical /artistic interests, etc.

### ACADEMIC INTERESTS

---

---

---

---

### ATHLETICS

---

---

---

---

### ARTS/MUSIC/DRAMA/ETC.

---

---

---

---

### CLUBS / ORGANIZATIONS

---

---

---

---

### SUMMER ACTIVITIES / JOBS / TRAVEL

---

---

---

---

**Student Questionnaire** *(to be completed by applicant)*

**Why are you applying to Jefferson Community School?**

---

---

---

---

**What do you hope to experience at Jefferson Community School?**

---

---

---

---

**In what areas do you feel personal success?**

---

---

---

---

**In what areas would you like to grow?**

---

---

---

---

**How do you see yourself contributing to the learning community?**

---

---

---

---

**Applicant signature:** \_\_\_\_\_ **Date** \_\_\_\_\_



## Parent Questionnaire

Because parents know their children in ways much different from teachers or counselors, we think it is important to give you the opportunity to give us more insight about your child.

Name of Applicant \_\_\_\_\_

Please describe why your child is applying to JCS at this time.

---

---

---

---

---

---

---

---

What do you believe your child will contribute to the Jefferson Community School community?

---

---

---

---

---

---

---

---

What do you hope Jefferson Community School experience will do for your child?

---

---

---

---

---

---

---

---

Has your child ever been tested or evaluated for learning challenges? If yes, please describe the nature of the issue and any reasonable accommodation you feel may be necessary for your child's participation in any school activity. (Please continue on back if necessary)

---

---

---

---

---

---

---

---

---

---

---

---

---

Are there any specific areas in which you feel your child needs support, encouragement, or enrichment?

---

---

---

---

---

---

---

---

Is there anything else you would like us to know at this time?

---

---

---

---

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_