STUDENT APPLICATION FOR ADMISSION

2026-2027 School Year | Kindergarten through Grade 5

Please complete one application per student. The Laurel School accepts applications on a rolling basis. There is no application fee. Submission of an application does not guarantee admission.

APPLICATION CHECKLIST

- ☐ Completed Student Application for Admission.
- ☐ Signed Authorization for Release of Student Records.
- ☐ Most recent report card, progress report, portfolio, or homeschool summary.
- ☐ Relevant educational evaluations, IEP, 504 Plan, learning plan, or support documentation, when applicable.

The completed packet must be returned by email to **learn@thelaurelschool.org**. Questions: 804-601-1160.

THE APPLICATION PROCESS

Four clear steps from first inquiry to admission decision

1

Submit an online inquiry

Share a few details about your child and family through the inquiry form at **thelaurelschool.org**. We respond within one to two business days.

2

The Laurel School schedules a call or meeting with parents

We reach out to schedule a call or an in-person meeting with parents to get to know your family and answer your questions.

3

Parents complete the application

Complete this Student Application Packet for your child.

4

The Laurel School reviews the application and renders a decision

We review the application together with records and communicate an admission decision.

The Laurel School reviews each applicant individually to determine program fit, available space, and the school's ability to support the student within its small K-5 model.

STUDENT & FAMILY INFORMATION

1. STUDENT INFORMATION

Student legal name:	**Preferred name:**
Date of birth:	**Applying for grade: K 1 2 3 4 5**
Current grade:	**Current school or program:**
Home address:	**City / State / ZIP:**
Primary language spoken at home:	**Other languages spoken:**
Siblings applying to or enrolled at The Laurel School:	

Program interest:

- ☐ School day only (8:00 AM to 3:15 PM)
- ☐ School day plus Extended Day (available until 6:00 PM)

2. PARENT / GUARDIAN INFORMATION

Parent/Guardian 1 full name:	**Relationship to student:**
Phone:	**Email:**
Address, if different from student:	**City / State / ZIP:**
Parent/Guardian 2 full name:	**Relationship to student:**
Phone:	**Email:**
Address, if different from student:	**City / State / ZIP:**
Primary household / child resides with:	**Primary admissions contact:**
Custody or decision-making information the school should know:	**Legal documents attached, if applicable:**

The school may request documentation regarding custody, guardianship, or educational decision-making authority when relevant to the application process.

EDUCATIONAL HISTORY & SUPPORT

3. EDUCATIONAL HISTORY

School / Program	Grade(s)	Dates Attended	Reason for Leaving

Please explain any grade repetition, grade acceleration, extended absence, school withdrawal, suspension, expulsion, or significant attendance concern. Write "none" when not applicable.

4. LEARNING, DEVELOPMENT & SUPPORT

- ☐ IEP or Individualized Education Program
- ☐ 504 Plan or formal accommodation plan
- ☐ Psychoeducational, neuropsychological, developmental, or academic evaluation
- ☐ Speech/language therapy, occupational therapy, physical therapy, counseling, or other clinical support
- ☐ Tutoring, intervention, gifted services, advanced coursework, or enrichment support
- ☐ Behavior support plan, safety plan, or intensive school-based behavioral services
- ☐ None of the above

Describe any current or previous services, accommodations, interventions, or supports that have helped your child succeed.

TELL US ABOUT YOUR CHILD

Please answer candidly. Thoughtful responses help us understand the whole child.

5. STUDENT PROFILE

1. What brings your child joy? What topics, activities, or experiences naturally hold their attention?

2. Describe your child's academic strengths and the areas where they need continued growth or support. Include a brief note on current reading, writing, and mathematics development.

3. How does your child learn best? Consider pace, structure, movement, discussion, visuals, hands-on work, or quiet practice.

4. How does your child respond to new settings, frustration, limits, correction, or challenging work? Describe relationships with peers and adults.

5. Are there health, developmental, sensory, emotional, behavioral, or family circumstances the school should understand? Is there anything else you would like the admissions team to know about your child or family?

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

To be completed and signed by a parent or legal guardian

Please provide this form to the applicant's current school. The school may send records directly to The Laurel School by secure email or another mutually agreed method.

STUDENT & SENDING SCHOOL

Student full legal name:	**Preferred name:**
Date of birth:	**Current grade:**
Current school / program:	**School phone:**
School address:	**City / State / ZIP:**
Records contact name:	**Records contact email:**

RECORDS AUTHORIZED FOR RELEASE

I authorize the school or program named above to release copies of the following records to The Laurel School for admissions review and educational planning:

- ☐ Cumulative academic record, report cards, progress reports, transcripts, and portfolio or homeschool documentation
- ☐ Attendance and school history records
- ☐ Discipline, behavior, safety, or student support records relevant to school placement and planning

This authorization is voluntary and remains valid for 12 months from the date signed unless revoked in writing. Records may be emailed directly to **learn@thelaurelschool.org** (phone 804-601-1160). Please send copies rather than original records.

SIGNATURE

Parent/Guardian signature:	**Date:**
Printed name:	**Relationship to student:**