



COMENIUS

School for Creative Leadership Dallas

Student Application 2017-2018

Date: _____ Referred by: _____

Student's Name: _____ DOB: _____
Last First Middle

Current Age: _____ Sex: Male Female Grade to enter: _____

Address: _____

Telephone: _____ Student Lives with _____

Fathers Name _____ Mothers Name _____

Telephone _____ Telephone _____

Email _____ Email _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Employer Address _____ Employer Address _____

Language spoken in home _____

Last school attended _____

Address _____ Telephone _____

Please describe medical conditions, medicines needed. Does the student have an IEP or a learning challenge? Circle one: Yes No

Has the student ever been denied admission, suspended or asked to withdraw from school? Yes/ No
Please explain on the reverse side.

On a separate piece of paper, briefly explain why you want your child(ren) to attend CSCL Dallas.

In order to process your application, please include \$200 registration fee.

List qualified tuition discounts: _____