



# Application Form

Odyssey Community School • 90 Zillicoa Street • Asheville, NC 28801  
[www.odysseycommunity.org](http://www.odysseycommunity.org) • Phone: 828.259.3653 • Fax: 828.259.3640

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Our community is founded on the principals of Design and Integral Learning: a life-long adventure that ignites, innovates, and supports the fulfillment of self, society, and the greater field of life. It is a love affair with life and living, a passionate embrace of authenticity, community, and excellence.

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For Academic year: \_\_\_\_\_ Grade: \_\_\_\_\_ (if Pre-K, please circle preference: 2 day, 3 day or 5 day)

Student's full name (as it should appear on school records): First, Middle, Last \_\_\_\_\_ Commonly used first name \_\_\_\_\_

Date of Birth: (M/D/Y) \_\_\_\_\_ Present Age \_\_\_\_\_ Home Phone (include area code) \_\_\_\_\_

Parent/Guardian #1 Email Address: \_\_\_\_\_ Parent/Guardian #2 Email Address: \_\_\_\_\_

Parent/Guardian #1 Cell Phone # \_\_\_\_\_ Parent Guardian #2 Cell Phone # \_\_\_\_\_

## Family Information

Parent's/Guardian's Full Name \_\_\_\_\_ Parent's/Guardian's Full Name \_\_\_\_\_

Home Address (include city, state, zip) \_\_\_\_\_ Home Address (include city, state, zip) \_\_\_\_\_

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) \_\_\_\_\_

Step-Parent Full Name (if applicable) \_\_\_\_\_ Step-Parent 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.

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

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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.

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

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Is your child seeing a therapist? If so, please list their name(s) and business phone numbers below:

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

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

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While we can successfully work with students with varying learning styles and needs, limits exist in the range and number of needs that we can serve effectively. Odyssey teachers will observe your child closely the first five school days that he/she is enrolled and if significant concerns arise regarding the appropriateness of your child's placement at Odyssey, we will contact you for a conference. We reserve the right to dismiss a child whose needs we determine we cannot meet.

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 \_\_\_\_\_