



K-12th Application Form

Odyssey School • 90 Zillicoa Street • Asheville, NC 28801

www.odysseycommunity.org • Phone: 828.259.3653 • Fax: 828.259.3640

Our community is founded on the principles of Design and Integral Learning: a lifelong 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.

*Parent/Guardian: Please complete this application and submit with a **\$75 non-refundable application fee**. Please contact Kristin Harkey at 828-259-3653 or email kharkey@odysseycommunity.org if you have any questions.*

For Academic year: _____ Grade: _____ Specific Current Academic Grade if different: _____

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

Date of Birth: (M/D/Y)

Gender/Pronoun

Home Phone (include area code)

Parent/Guardian: You must disclose information regarding all adults who have legal rights to this child.

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)

Home Address

Relationship to Applicant

Nature of Work: Position

Employer

Business Telephone (include area code)

Step-Parent Full Name (if applicable)

Home Address

Relationship to Applicant

Nature of Work: Position

Employer

Business Telephone (include area code)

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: _____

Where did you learn about Odyssey School? Please check all that apply.

<input type="checkbox"/> Website <input type="checkbox"/> Google Ads <input type="checkbox"/> Current Odyssey family or alumni *Pls offer names: _____ _____ Friend or Acquaintance *pls offer names: _____ _____ _____	<input type="checkbox"/> Drove or Walked by <input type="checkbox"/> Facebook <input type="checkbox"/> Magazine *pls specify: _____ <input type="checkbox"/> Local Reputation <input type="checkbox"/> Third-party Website (such as Greatschools.org or Privateschoolreview.com) *Pls specify: _____ Current Odyssey family or alumni *pls offer names: _____ _____ _____
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Applicant's current school _____

Applicant's previous school experience, including any years of home-schooling:

Name of School	City/State	Grades Enrolled	Academic Year(s)

Were you in any way dissatisfied with your child's previous school environment(s)? _____

Please explain: _____

Please list name, gender, grade, and current school for all other children in your family:

Child's Name	Name of School	Grade	Gender/Pronoun

Maternal Grandparents:

Name(s) _____
Street Address _____
City/State/Zip _____
Home Phone _____
Email _____

Paternal Grandparents:

Name(s) _____
Street Address _____
City/State/Zip _____
Home Phone _____
Email _____

Grandparents are contacted a few times a year for school purposes – newsletters, invitations, and annual campaign.

Does your child speak a second language? None ___ Some ___ Fluently ___ Language _____

Has your child studied a second language in school? _____ If yes, in what grade(s) and which language(s)?

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, or delayed.

	advanced	on target	slightly delayed	delayed
Physical care				
Interactions with peers				
Interactions with adults				
Ability to focus and complete tasks				
Ability to understand spoken directions				
Coordination (large motor dev.)				
Letter symbol formation (fine motor dev.)				
Ability to understand written directions				
Responsibility				
Honesty/Integrity				
Math computation				
Reading level				

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 or therapist? Yes No

If the answer to either question is “yes”, please give thorough details:

Does your child have discipline issues either for you or for others? Yes No If yes, please explain:

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

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: _____

Has medication been recommended or been taken by your child to address any of the above diagnoses? ____ Yes ____ No Please explain: _____

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

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

Are there other programs of which your child has been a participant? Outdoor Academy? Wilderness programs? Therapeutic retreats? Please list the program name and year(s) of attendance:

Please share any instances of disciplinary action, including expulsion, which your child has experienced.

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

After evaluation / classroom visit, a decision will be made and you will be notified. If the applicant is accepted, you will need to sign an enrollment contract and send in a tuition deposit. An enrollment contract is for one year only, or in the case of a transferring student, from the time of transfer to the end of that school year. Granting of subsequent contracts for future years is subject to annual decision on the part of the school.

If, after being accepted, a student is found to have needs of which no one was previously aware and/or to an extent that Odyssey School cannot provide for, we may terminate the contract. In this case, the parent(s) or guardian(s) would be released from their tuition obligation. If needs from student support staff / outside resources are deemed necessary, there will be additional fees for providing extra assistance and accommodations on Odyssey's campus.

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 the teachers and administrators at Odyssey School.

By signing this application, you are granting Odyssey School permission to request student records from current and/or previous schools attended as part of our admissions process.

Signature (s) from the fiscally responsible parent / caregiver:

Signed: _____ Date _____

Print Name: _____

Signed: _____ Date _____

Print Name: _____

Signature from an Executive Director with Odyssey:

_____ Date _____