

ADMISSIONS INFORMATION

CCP has a rolling admissions policy and accepts applications throughout the year.

CCP is open to students in 3-12th grades. Our students have high potential but are struggling with learning differences that interfere with their ability to reach their full potential in a larger setting.

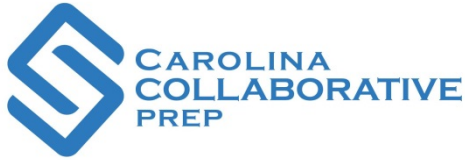
Our admissions goal is to determine, not only that we are an educational fit for your child, but also a fit for their social and emotional needs as well.

Although no formal diagnosis is required, if your child has one, we ask that a copy be included with the application. Our students have average or above average intelligence as determined in a psychological and/or educational assessment performed by a licensed psychologist. They are able to follow verbal instructions and work within a small group setting. Unfortunately, we are not able to serve children whose learning difficulties are the result of primary emotional or behavioral problems/diagnoses.

Our student population is generally comprised of those diagnosed with ADD/ADHD, Asperger's, Dyslexia, High Functioning Autism, Social Communication Disorder, Anxiety, Auditory and Sensory Processing Disorder, Visual Impairment and/or other various learning differences. We are also able to accommodate various physical disabilities/handicaps.

The common thread among our students is that their learning styles all benefit from a smaller classroom environment as well as a multi-sensory approach that teaches to the child's level.

For more information concerning Carolina Collaborative Prep, please contact Michelle Spaulding, Executive Director, at 704-621-8482 or complete our on-line Intake Form and a member of our staff will contact you.



APPLICATION PROCESS

In order to ensure that Carolina Collaborative Prep can properly accommodate your child, applicants are asked to follow the steps below:

Step 1: **Inquiry:** Either complete and submit the Inquiry Form online (or via phone interview).

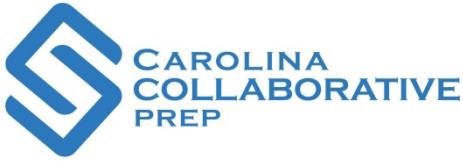
Step 2: **Tour:** Meet with a member of the teaching staff for a personalized tour of the school.

Step 3: **Application:** Submit Application, and required documentation, along with a non-refundable application fee of \$150.

Step 4: **Shadow Day:** Following review of the Application, we will schedule a full day of shadowing. During this day, your child will attend all classes/electives with the other students. We've found this is crucial to helping determine if the fit will be a good one.

Step 5: **Formal Interview/educational assessments:** Our teaching staff will perform assessments in the areas of reading, writing, and mathematics. Please note: A non-refundable Assessment Fee of \$250 is due at the time of the Assessment to cover the cost.

Step 6: **Approval decision:** Once approval has been granted, a non-refundable deposit of \$1,500 for full time or \$750 for part time is due at the time your child is accepted. Enrollment becomes effective once you submit the contract and the non-refundable deposit. The deposit will be applied to the total fee for the upcoming academic year. The balance, after making the initial deposit, will be due in 10 equal payments, beginning August 15th and will be fully paid on May 15th.



APPLICATION FORM

Student Name: _____ D/O/B: _____ Current Grade: _____

Parents: _____

Home #: _____ Cell #: _____

Address: _____

Parent's email: _____

How did you hear about Carolina Collaborative Prep? _____

Working Grade level: English _____ Math _____ Reading _____

MOST RECENT 5 YEARS OF SCHOOL(S) ATTENDED:

1. Name of School: _____ from: _____ to: _____

Reason for leaving: _____

2. Name of School: _____ from: _____ to: _____

Reason for leaving: _____

3. Name of School: _____ from: _____ to: _____

Reason for leaving: _____

What you are looking for in a new Academy? _____

What are you pursuing at CCP?

- Full time
- Part time

Level of Education you are looking for:

- Grades 3-5 (Lower Level/Elementary)
- Grades 6-12 (Upper Level/Middle-High School)

Most recent formal diagnosis/es. Please note that your child must be verbal to attend: _____

Diagnosis made by: _____ Tel. #: _____

Does your child have any medical issues that we need to be aware of?

What are your child's strengths/challenges?

What in-school supports/approaches have you found to be most effective? _____

References- (tutors, counselors, psychologists, etc. who has worked with your child:

1. Teacher: _____ Tel #: _____
2. Psychiatrist/Counselor: _____ Tel. #: _____
3. Teacher/Tutor: _____ Tel: #: _____

Attach a copy of documentation for the following: (Not required, but strongly suggested.)

- Diagnoses/es, Psychological and Educational Evaluations
- Any grades/reports from previous schools/academies

By signing this Application, I/we give Michelle Spaulding, Executive Director of Carolina Collaborative Prep authorization to request/ receive information or references concerning _____ from any school, or professional listed in this application.

Name of child _____

Parent Signature: _____ Date: _____