

**Castlehill**  
Country Day School

**APPLICATION FOR ADMISSION &  
CONSIDERATION FOR THE SCHLOSSBERG SCHOLARSHIP**

Instructions: Please complete both Part A: General Information and Part B: The Schlossberg Scholarship Form Part C: Supplementary Documentation and return the entire application package to the Castlehill Country Day School Office.

**PART A: GENERAL INFORMATION**

Application Date: \_\_\_\_\_ Applying For Grade: \_\_\_\_\_

**STUDENT INFORMATION**

Full Legal Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Gender: ☐ male ☐ female

Date of Birth (dd/mm/yyyy): \_\_\_\_\_

Place of Birth: City: \_\_\_\_\_ Country: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

PROOF OF AGE (Check one and attach): ☐ Birth Certificate ☐ Passport ☐ Other \_\_\_\_\_

**SCHOOL HISTORY**

Current School: \_\_\_\_\_

Grades Attended: \_\_\_\_\_

School Address: \_\_\_\_\_

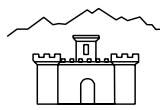
Principal's Name: \_\_\_\_\_ School Phone Number: \_\_\_\_\_

| PLEASE LIST PREVIOUS SCHOOLS ATTENDED | Phone Number | Years | Grade Level |
|---------------------------------------|--------------|-------|-------------|
|                                       |              |       |             |
|                                       |              |       |             |
|                                       |              |       |             |
|                                       |              |       |             |

***Castlehill Country Day School requires one teacher recommendation from the applicant's current teacher or childcare provider. Please provide the referral teacher's name and email address below.***

Referral Teacher's Name: \_\_\_\_\_

Referral Teacher's Email: \_\_\_\_\_



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**STUDENT SUPPORT SERVICES (Check all that apply):**

Has Student ever been tested for or received special help for a reading or learning difficulty?

☐ Yes (attach copy of report) ☐ No

- ☐ Currently on an IEP or 504 plan
- ☐ Currently receiving tutoring for \_\_\_\_\_
- ☐ Speech and Language Services (list length of service or current) \_\_\_\_\_
- ☐ Hearing (list length of service or current) \_\_\_\_\_
- ☐ Vision (list length of service or current) \_\_\_\_\_
- ☐ Other (please explain below):

\_\_\_\_\_  
\_\_\_\_\_

**FAMILY INFORMATION**

**Parent/Guardian #1:**

Name: \_\_\_\_\_

Address: ☐ same as child, or: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Work: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Parent/Guardian #2:**

Name: \_\_\_\_\_

Address: ☐ same as child, or: \_\_\_\_\_

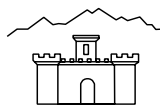
Occupation: \_\_\_\_\_ Place of Work: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Check if Applicable ☐ Joint custody ☐ Sole custody mother ☐ Sole custody father

Preferred email address for correspondence: \_\_\_\_\_



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**HEALTH PROFILE**

Does your child have any allergies? Please describe:

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Does your child regularly require medication? ☐ YES ☐ NO

Does your child need assistance or supervision in taking his/her medication? ☐ YES ☐ NO

Should the school be aware of any other health conditions for your child? Please describe:

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**ADDITIONAL INFORMATION**

Why do you desire to enroll your child at Castlehill?:

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The two factors most influencing us to apply to Castlehill Country Day School:

- |  |  |
|--|--|
| <input type="checkbox"/> Academic reputation                     | <input type="checkbox"/> Location          |
| <input type="checkbox"/> Displeasure with public schools         | <input type="checkbox"/> School philosophy |
| <input type="checkbox"/> Desire to attend private school         |  |
| <input type="checkbox"/> Recommendation from a Castlehill Family |  |
| <input type="checkbox"/> Other _____                             |  |

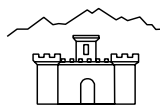
How did you hear about Castlehill Country Day School?:

- |   |  |                                  |   |
|---|--|----------------------------------|---|
| <input type="checkbox"/> Local reputation                                   | <input type="checkbox"/> Advertisement | <input type="checkbox"/> Website | <input type="checkbox"/> Current School |
| <input type="checkbox"/> Referred by Castlehill Family (please list): _____ |  |                                  |   |
| <input type="checkbox"/> Other (explain): _____                             |  |                                  |   |

**SIGNATURE**

*I certify that the information contained in this application for admission for my child is correct and valid as of this date. I understand that the provision of false information may lead to my child no longer being able to attend school.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**PART B: THE SCHLOSSBERG SCHOLARSHIP**

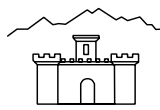
My child demonstrates excellence in the below areas of enrichment (mark all that apply):

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> Art                | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Music              | <input type="checkbox"/> Spanish    |
| <input type="checkbox"/> Science            |                                     |
| <input type="checkbox"/> Physical Education |                                     |
| <input type="checkbox"/> Other _____        |                                     |

Describe how your child has demonstrated excellence in the area(s) above:

Describe your academic goals and how this scholarship will help you achieve them:

Describe how a Castlehill Education will help your child thrive in these areas and beyond:



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**PART C: SUPPLEMENTARY DOCUMENTATION**

Please attach the following documents with your application

1. Signed Application
2. Signed Student Record Transmittal Request

Scholarship Section. Videos or photos can be emailed directly to [stephanie@castlehillsschool.com](mailto:stephanie@castlehillsschool.com) - please include child's name and The Schlossberg Scholarship in the subject line.

4. If applicable: current IEP or any relevant evaluations, assessments or reports from psychologists/psychiatrists, speech & language pathologists, occupational therapists, educational consultants, etc.

Please return completed packet to our office or mail to:

Castlehill Country Day School  
ATTN: Admissions  
3225 N. Craycroft Road  
Tucson, AZ 85712

**Your application packet is not complete until all forms and required documentation have been received. Submitting this application is only one step in the application process and does not guarantee admission. Upon receipt of your completed packet, Castlehill will contact you to set up a time for an interview and assessment. Final determination as to acceptance into Castlehill Country Day School and award notification of The Schlossberg Scholarship is the responsibility of the Principal.**

*Castlehill Country Day School complies with federal and state requirements and prohibits discrimination including gender, race, color, national and ethnic origin, age, or religion when considering admission, employment or educational policies.*