



**CASCADES
ACADEMY**
OF CENTRAL OREGON

Cascades Academy of Central Oregon

**APPLICATION FOR ADMISSION
Grades K-5**

2150 NE Studio Road, Suite 2
Bend, OR 97701
541.382.0699 or FAX 541.382.0225
www.cascadesacademy.org

Applicant's full name _____

Last Name *First* *Middle* *Nickname*

Date of Birth _____ Male Female Social Security No. _____

Applicant for Grade _____ in fall 20____ or mid-year _____ Date of Application _____

Full Name of Mother (or Guardian) _____

Home Address _____

E-mail _____ Telephone () _____

Cell number () _____ Occupation _____

Business Name _____ Telephone () _____

Business Address _____

Full Name of Father (or Guardian) _____

Complete the following if different than above:

Home Address _____

E-mail _____ Telephone () _____

Cell number () _____ Occupation _____

Business Name _____ Telephone () _____

Business Address _____

Parents: Married Separated Divorced **The applicant lives with whom?** _____

If remarried: Stepmother's name _____ Stepfather's name _____

Give the name of person who will be responsible for financial obligations: _____

Will you be applying for financial aid? _____

List other children in family (give names, ages, and schools, if in school or college):

Are they applying to Cascades Academy? yes no If yes, name _____

Applicant's Present School _____ **Present grade** _____

School Phone () _____ School Fax () _____

School Address _____

Academic Strengths _____

Academic Weaknesses _____

Please list your child's out-of-school hobbies, recreational activities, community/church activities and summer experiences:

Please list any sports your child has played either at school, in the community or during the summer:

Please describe his/her interest in the Arts (e.g., drawing, painting, dance, theater, music, singing or photography, etc.):

Is your child currently receiving Spanish language instruction at school: Yes No

Please list any language other than English that is spoken at home: _____

Please describe your child's desire and reasons for wanting to attend an independent school:

What do you hope your child will gain in his/her years at Cascades Academy of Central Oregon?

Are there any limitations (e.g., health, physical, etc.) that would restrict your child's involvement in school programs?

Is your child presently taking any medications? If yes, please list and describe:

Describe any psychological testing or counseling your child may have received:

Describe the ways you have been involved in your child's current school community:

We welcome any additional comments, which you might like to make about your child. A parental perspective helps us to know each applicant more completely.



Parent(s)/ Guardian Signature

My signature below indicates that all information on this form is complete and factually presented.

Father/Guardian _____ Date _____

Mother/Guardian _____ Date _____

A non-refundable application fee of \$50 must be submitted with this form.

Cascades Academy of Central Oregon does not discriminate on the basis of race, color, religion, gender, sexual orientation, national or ethnic origin, or any other legally protected status in the administration or educational policies, admission policies, scholarship and loan programs, or athletic and other school administered programs.



**CASCADES
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OF CENTRAL OREGON

Cascades Academy of Central Oregon
Experience exceptional learning.

**CONFIDENTIAL TEACHER
RECOMMENDATION**

MAIL TO:
Office of Admission
2150 NE Studio Road, Suite 2
Bend, OR 97701
541.382.0699 or FAX 541.382.0225
www.cascadesacademy.org

For Kindergarten through 6th grade applicants
(For younger applicants, we understand that not all topics are applicable.)

TEACHER RECOMMENDATION – Teacher of your choice

APPLICANT'S NAME

Last	First	Middle	Nickname	Date of Birth
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Teacher's Name	Subject(s)	Level Taught	How long have you known the applicant?
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School Name	Address	Telephone/Fax
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Cascades Academy is a non-profit, independent, non-denominational day school with grades kindergarten through twelve. We seek to enroll those students who are sincere in their desire to undertake a rigorous academic program and who are prepared to accept the responsibilities of community development and participation within the school.

Please fill out both sides of this form so that we can evaluate this applicant effectively. Your observations assessing both academic and personal qualities of a student are useful. In thinking of the student, please comment on his or her work habits, classroom behavior, and integrity. We are particularly interested in your evaluation of the student's peer relations: his or her generosity, patience, and respect for others. Check here to refer us to an attached letter.

RECOMMENDATION FOR CASCADES ACADEMY

	NOT RECOMMENDED	WITH RESERVATION	MILDLY	WITH CONFIDENCE	ENTHUSIASTICALLY
For Academic Promise:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For Character and Personal Promise:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For Admission:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your judgments are used solely for the admission process, are held in **strictest confidence**, and do not become part of a student's permanent record. Although we are unable to acknowledge this recommendation individually, we are well aware of how much time and thought goes into writing letters of this sort. We thank you in advance for the help your comments will provide. Please feel free to call the school if there is any information you wish to discuss.

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PLEASE MAIL COMPLETED FORM DIRECTLY TO CASCADES ACADEMY

Applicant's Name

It is our wish that every student who attends Cascades Academy of Central Oregon will experience success and a strong sense of self-worth. The profile that emerges from these ratings helps to assure that the relationship between student and school will be mutually beneficial. Some traits may not apply to younger students. Please circle answers.

1. Academic achievement	below expectations	fair	good	outstanding
2. Ability to work in a group	has great difficulty	sometimes has difficulty	usually effective	always works well
3. Ability to work alone	has great difficulty	needs help frequently	needs help occasionally	always works well
4. Participation in discussion	rarely contributes	wants to dominate	contributes occasionally	joins in readily
5. Classroom conduct	frequent disruptions	occasional misconduct	usually good behavior	good conduct
6. Written expression	poor	limited	good	excellent
7. Ability to express ideas orally	limited	has some difficulty	good	exceptional
8. Daily preparation	poor	fair	good	excellent
9. Use of time effectively	uses poorly	occasionally wastes	usually uses well	always uses
10. Follows directions effectively	rarely	needs much explanation	occasionally needs help	quickly and
11. Critical thinking	limited perceptiveness	fair	frequently perceptive	exceptionally
12. Seeks help	when needed	rarely occasionally	usually	always
13. Effort/drive	limited	sporadic	usually good	maximum
14. Attention span	easily distracted	occasionally distracted	usually good	exceptionally good
15. Leadership potential	a follower	leads when given responsibility	seeks opportunities (and uses them well)	a natural leader
16. Initiative	never initiates	rarely shows initiative	occasionally initiates	often initiates
17. Stability	easily frustrated	seeks much attention	somewhat tense	stable
18. Curiosity	limited	occasional	frequent	consistent
19. Imagination	little	fair	active	highly developed
20. Integrity	questionable	usually trustworthy	trustworthy	highly developed
21. Consideration of others	rarely considerate	usually considerate	considerate	extremely thoughtful
22. Social adjustment with peers	relates poorly	has occasional problems	usually relates well	healthy relationships
23. Sense of humor	rarely laughs or smiles	fair	good	delightful
24. Self-confidence	needs much reassurance	appears overly confident	needs some support	positive self-image
25. Parent participation in child's education	rarely involved	overly involved	sometimes involved	appropriately involved
26. Parent cooperation	unknown	uncooperative	fair	good
27. Parent expectations	unknown	unrealistic	realistic	other _____

Teacher signature

Date

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THANK YOU**



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STUDENT RECORDS REQUEST

Mail directly to:

Office of Admissions
2150 NE Studio Road, Suite 2
Bend, OR 97701
541.382.0699 or FAX 541.382.0225
www.cascadesacademy.org

PARENTS: PARENTS: If you have the requested records at home, simply make copies and include them with your child's application. If you don't have these records in your possession, please complete this form and deliver it to your child's current school. An admission decision cannot be made until these records are received.

Name of School: _____

School Phone Number: _____ **School Fax Number:** _____

The following student has applied for admission to Cascades Academy of Central Oregon.

Applicant's Name

Current Grade

Please send copies of the following information from this student's records to Cascades Academy of Central Oregon (address above):

- One copy of the student's transcript of all courses and grades for the current and previous 2 years.
- One copy of any standardized tests taken during the last three years.

Thank you for your assistance.

Cascades Academy of Central Oregon
Office of Admissions

Note: Oregon Revised Statute (ORS 336.215) allows transfer of student academic records without penalty to any other school or educational institution upon receipt of notice of student enrolling in said institution. It is no longer necessary for said institution to obtain written consent to release records to other educational institutions.



Flexible Tuition Program

Information for Families

Thank you for your interest in Cascades Academy for the 2010-11 school year.

Inclusion and affordability are essential elements of Cascades Academy's educational program and atmosphere. The Flexible Tuition Program allows families to pay what they can afford for tuition. The range is anywhere from \$1,000 to full tuition.

To be eligible for consideration for a tuition adjustment, you must complete your online application **no later than February 19, 2010**. We will communicate all decisions about tuition adjustments **no later than March 10, 2010**.

We will use an independent organization, School and Student Services (SSS), to process applications. SSS is a service of the National Association of Independent Schools. Based on the financial information you provide, SSS gives us an estimated amount your family can contribute to educational expenses. This helps us make fair and objective award decisions. To begin your tuition adjustment application for the 2010-11 school year, follow these steps below.

ONLINE

1. Go to sss.nais.org.
2. Click on the prompt to begin your Parents' Financial Statement (PFS). You only have to complete one PFS even if you have several children applying to our school.
3. You will be given a password that will allow you to return to your PFS at a later date before submitting it.
4. You will be given instructions about submitting required backup documents by mail. Cascades Academy requires you to submit your completed 2008 1040 with all required schedules and attachments and your 2009 W2. Your documents will be handled with the utmost level of security. To read more about SSS's document security, go to sss.nais.org.
5. There will be a place on the online application to indicate any additional information you would like the school to know in considering your application. (i.e. any unusual circumstance or expenses, any changes you anticipate for 2010, etc). Please feel free to use this space.
6. Mail the required documents to: SSS by NAIS, Application Processing Center, P.O. Box 449, Randolph, MA 02368-0449. (For overnight mail, use this address: SSS by NAIS, Application Processing Center, 437 Turnpike Street, Canton, MA 02021.)
7. The online application must be completed and the backup documents **must be postmarked by February 19, 2010**.

**Call SSS at (800) 344-8328 with any questions (Mon - Fri: 9am - 8pm EST.
Sat: 9am - 4pm EST)**