

Date Received \_\_\_\_\_

## Cañon Exploratory School

2855 N. 9th Street

Phone: 276-6050

Fax: 276-6080

Jessi Hamilton, Principal



*It is the mission of Cañon Exploratory School to guide students in reaching their greatest potential by providing learning experiences which honor and challenge individual learning styles and intelligences.*

### Student Information:

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

Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Male/Female: \_\_\_\_\_

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

Current Grade Level: \_\_\_\_\_

Current Teacher(s): \_\_\_\_\_

### Family Information:

Parent(s) or Guardian(s) Name(s): \_\_\_\_\_

### Home Address:

Street: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

City \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**Which time of day best suits your needs for an interview? (Select one)**

- ☐ Before School
- ☐ Morning
- ☐ Afternoon
- ☐ After School
- ☐ Evening
- ☐ No preference

## Parents as Partners

Please briefly describe each of the following learning characteristics of your child.

Describe how your child learns new information:

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Academic Strengths:

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Academic areas needing improvement:

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Personal/Social Strengths and/or Weaknesses: (work and play habits, etc.)

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Talent or areas of interests: (art, music, drama, athletics, etc.)

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List your top three reasons for wanting your child to attend Cañon Exploratory School:

✿ 

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✿ 

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✿ 

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What do you hope your child will gain from a multi-age classroom and a small school community?

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How are you an active partner in supporting your child's education?

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Cañon Exploratory provides parent education and Family Nights. Our expectations are that you will attend the four (3) educational workshops on the left. The four (5) on the right are strongly recommended.

These are the ones we expect you to attend.

- ☒ School Culture/Multiple  
Intelligences
- ☒ Project Based Learning
- ☒ Overindulged Child

Please check (✓) those you will attend:

- ☐ Open House
- ☐ Classroom Night
- ☐ Parent/Teacher Conference
- ☐ Museum Night
- ☐ Community Event Night

If your child is accepted, would you commit to at least a one year placement? 

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We (I) believe that Cañon Exploratory School will meet our child's educational needs, and agree to be active partners in supporting this program.

Parent/Guardian Signature

Date:



# **Draw a Picture of Yourself**

*(Kindergarten through 6th Grade Students)*

## Student Application

(To be filled out by the **student** applying to second (1st) through sixth (6th) grade. Parents of Kindergarten students, please scribe your child's answers.)

What do you like about school?

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What do you dislike about school?

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What would you change about school?

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What is your best way of learning?

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Tell your feelings about learning with others on a team.

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What is the hardest work at school?

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If you could make anything in school what would it be?

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Write about anything else that you would like to let us know about yourself or your school experience.

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