



Collierville Classical School K-12 Application

Kindergarten applicants must be five as of August 31, and fully potty trained.

We are delighted that you are interested in our classical Christian homeschool tutorial. Our program is designed to provide a well-rounded, academically rigorous education grounded in the Christian faith. We partner with parents to equip their students to navigate the world's challenges with a strong moral compass. Our dedicated team of instructors is passionate about teaching and committed to nurturing each student's academic, spiritual, and personal growth. We believe this partnership with parents in their homeschool journey will allow the benefits of Christian homeschooling to extend beyond academics and provide a unique and enriching educational experience for both children and parents alike.

Application and Enrollment Process:

Step 1 – Complete an online application.

Step 2 – If needed, a records release form will be emailed to you. Please follow instructions and submit when completed. A contract cannot be issued until this step is completed and reviewed.

Step 3 – The student's file is reviewed by admissions and parents will be contacted regarding a decision.

Step 4 – If the application is approved, a contract will be issued and will need to be signed by both parties.

We are excited to embark on this journey with you and your family and look forward to seeing the growth and success of your child in our program. Thank you for choosing our classical Christian homeschool tutorial.

How many students do you want to apply for? *

Your name: *

First Name

Last Name

What is your relationship with the student(s)? *

Email *

example@example.com

Phone number *

Please enter a valid phone number.

Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Do you consider yourself a Christian? Please share your experience regarding your relationship with Jesus Christ. *

* There is a \$50 application fee per student. At the end of the application form, you will be asked to provide your credit card information. Please have your credit card information available to complete the application process.

** If your child was enrolled in another school, you will need to fill out information and an Authorization for Release of School Records for each student. For example, if applying for three students, you will be asked to fill out three authorizations on this form. Homeschool students will not need to complete this step.

If one or more of the following questions do not apply to you and the student(s) you are applying for, please leave the fields blank.

If you have already filled out the following information on the previous page or if no questions apply to you, you may continue to the next page.

Mother's Name

First Name

Last Name

Mother's Email

example@example.com

Mother's Phone Number

Please enter a valid phone number.

Mother's Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Mother's Employer

Father's Name

First Name

Last Name

Father's Phone Number

Please enter a valid phone number.

Father's Email

example@example.com

Father's Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Father's Employer

STUDENT'S INFORMATION | AUTHORIZATION FOR RELEASE OF SCHOOL STUDENT RECORDS

Please fill out the information below with your information, the student's information, and the name of the school/institution from which we will need to request a copy of records.

Student's name *

First Name Last Name

Student's preferred name (leave blank if same as previous question)

First Name Last Name

Student's date of birth *

Month Day Year

Gender? *

Male
Female

Are you applying for full enrollment or à la carte? *

Full Enrollment
À la carte

What was your child's previous educational model? *

Length of time enrolled in last school? *

List any medical conditions and/or allergies:

List any special needs:

Responsible party for payments: *

Please provide a brief evaluation of your child's academic background and achievement.

Are there any academic concerns, mental, or social issues present in your student (ex: ADHD, dyslexia).

Note: undisclosed academic, social, mental, or behavioral issues may result in immediate dismissal from the program.

Child resides with: *

AUTHORIZATION FOR RELEASE OF SCHOOL STUDENT RECORD

This consent is valid for one year from the authorized signature date, unless otherwise revoked by me in writing.

1. Information may be disclosed/obtained by: Mail, In-Person, Phone, or E-mail.
2. This consent is valid for a period of one year. I understand that I have a right to revoke this authorization at any time except to the extent that the program or person who is to make the disclosure has already acted in reliance on it. Any revocation must be in writing and must be sent/given to the school's Records Custodian. Furthermore, I understand that no revocation shall prevent the disclosure of records and communications until it is received by the person authorized to disclose records and communications.
3. I further release Collierville Classical School from all liability and claims pertaining to or arising from the disclosure of the information requested.

RECORDS TO BE RELEASED

Today's Date *

Day Year

SECOND STUDENT'S INFORMATION | AUTHORIZATION FOR RELEASE OF SCHOOL STUDENT RECORDS

Please fill out the information below with your information, the student's information, and the name of the school/institution from which we will need to request a copy of records.

Recipient(s): Lisa Strasko, Head of School
Collierville Classical School
2005 E. Winchester Blvd
Collierville, TN, 38017
901-255-8133

Student's name *

First Name Last Name

Student's preferred name (leave blank if same as previous question)

First Name Last Name

Student's date of birth *

Month Day Year

Reports/Evaluations Received from: *

Gender? *

Male
Female

Are you applying for full enrollment or à la carte? *

Full Enrollment
À la carte

What was your child's previous educational model? *

Length of time enrolled in last school? *

List any medical conditions and/or allergies:

List any special needs:

Responsible party for payments: *

Are there any academic concerns, mental, or social issues present in your student (ex: ADHD, dyslexia).

Note: undisclosed academic, social, mental, or behavioral issues may result in immediate dismissal from the program.

AUTHORIZATION FOR RELEASE OF SCHOOL STUDENT RECORD

This consent is valid for one year from the authorized signature date, unless otherwise revoked by me in writing.

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3. I further release Collierville Classical School from all liability and claims pertaining to or arising from the disclosure of the information requested.

RECORDS TO BE RELEASED

Today's Date *

Day Year

Child resides with: *

THIRD STUDENT'S INFORMATION | AUTHORIZATION FOR RELEASE OF SCHOOL STUDENT RECORDS

Please fill out the information below with your information, the student's information, and the name of the school/institution from which we will need to request a copy of records.

Please provide a brief evaluation of your child's academic background and achievement.

Student's name *

First Name Last Name

Student's preferred name (leave blank if same as previous question)

First Name Last Name

Student's date of birth *

Month Day Year

Gender? *

Male
Female

Are you applying for full enrollment or à la carte? *

Full Enrollment
À la carte

What was your child's previous educational model? *

Reports/Evaluations Received from: *

Length of time enrolled in last school? *

List any medical conditions and/or allergies:

List any special needs:

Child resides with: *

Responsible party for payments: *

Are there any academic concerns, mental, or social issues present in your student (ex: ADHD, dyslexia).

Note: undisclosed academic, social, mental, or behavioral issues may result in immediate dismissal from the program.

RECORDS TO BE RELEASED

Today's Date *

Month Day Year

FOURTH STUDENT'S INFORMATION | AUTHORIZATION FOR RELEASE OF SCHOOL STUDENT RECORDS

Please fill out the information below with your information, the student's information, and the name of the school/institution from which we will need to request a copy of records.

Student's name *

First Name Last Name

Student's preferred name (leave blank if same as previous question)

First Name Last Name

Student's date of birth *

Month Day Year

Gender? *

Male
Female

Please provide a brief evaluation of your child's academic background and achievement.

Are you applying for full enrollment or à la carte? *

Full Enrollment
À la carte

What was your child's previous educational model? *

Length of time enrolled in last school? *

AUTHORIZATION FOR RELEASE OF SCHOOL STUDENT RECORD

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3. I further release Collierville Classical School from all liability and claims pertaining to or arising from the disclosure of the information requested.

List any medical conditions and/or allergies:

List any special needs:

Reports/Evaluations Received from: *

Child resides with: *

Responsible party for payments: *

Please provide a brief evaluation of your child's academic background and achievement.

Are there any academic concerns, mental, or social issues present in your student (ex: ADHD, dyslexia).

Note: undisclosed academic, social, mental, or behavioral issues may result in immediate dismissal from the program.

RECORDS TO BE RELEASED

FIFTH STUDENT'S INFORMATION | AUTHORIZATION FOR RELEASE OF SCHOOL STUDENT RECORDS

Please fill out the information below with your information, the student's information, and the name of the school/institution from which we will need to request a copy of records.

Student's name *

First Name Last Name

Student's preferred name (leave blank if same as previous question)

First Name Last Name

Student's date of birth *

Month Day Year

Gender? *

Male

Female

Are you applying for full enrollment or à la carte? *

Full Enrollment

À la carte

What was your child's previous educational model? *

Length of time enrolled in last school? *

List any medical conditions and/or allergies:

List any special needs:

AUTHORIZATION FOR RELEASE OF SCHOOL STUDENT RECORD

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3. I further release Collierville Classical School from all liability and claims pertaining to or arising from the disclosure of the information requested.

Child resides with: *

Responsible party for payments: *

Reports/Evaluations Received from: *

Please provide a brief evaluation of your child's academic background and achievement.

Today's Date *

Month Day Year

Are there any academic concerns, mental, or social issues present in your student (ex: ADHD, dyslexia).

Note: undisclosed academic, social, mental, or behavioral issues may result in immediate dismissal from the program.

AUTHORIZATION FOR RELEASE OF SCHOOL STUDENT RECORD

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RECORDS TO BE RELEASED

In the "quantity" section, please choose the total number of students you are applying for.
Please note:

- The Founder's Discount is limited to the first 30 students who apply.
 - The Founder's Discount will not be a selectable option once all 30 slots are taken.
 - If you cannot complete registration for your entire family due to the limited number of Founder's Discounts, please choose as many Founder's Discounts as available and the standard discount for everyone else. For example, if only two Founder's slots are left but you have three children, two of your children would be eligible for the discount, and the third would receive the standard tuition rate.
 - If you cannot complete enrollment, the Founder's Discount will transfer to another family.
-

If you complete the enrollment process, the \$50 application fee and the Founder's discount will be credited towards your tuition.

Reports/Evaluations Received from: *

Today's Date *

Month Day Year

The box with "12345" is for your zip code.
Once you hit submit, you will receive an email with your application and an invoice for the credit card charge.