

Ivy Academy Admissions Application  
Send to: 117 S Alder St, Colville, WA 99114  
 \$75 Family Application Fee Paid

Please complete one form for each child and return to Ivy's Office with the \$75 application fee or email it to [ivytutorial@outlook.com](mailto:ivytutorial@outlook.com)

Full Program Application  Monday Co-op Day

Please ensure you have reviewed and signed the Ivy Tutorial Statement of Faith before proceeding.

Date: \_\_\_\_\_

**I/We have read, agreed with, and have signed the Ivy Academy Statement of Faith.**

**References-** Please provide references for two people that are already part of Ivy Academy, 1 person outside of Ivy and your pastor or church leader's information (name/phone number).

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Contact \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Contact \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Contact \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Contact \_\_\_\_\_

\*\*Ivy Academy Reserves the right to accept or deny student applicants based on the prayerful discernment of the Board and the leading of the Holy Spirit after review of the application process.

Student's name: \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Current Grade \_\_\_\_\_

**Primary** Contact Relationship:  Mother  Aunt/Uncle  Father  Grandparent  Guardian

\_\_\_\_\_  
First & Last Name of Primary Contact

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Primary Contact Email

\_\_\_\_\_  
Primary Contact's Phone Number  Mobile  Home  Work

**Secondary** Contact Relationship:  Mother  Aunt/Uncle  Father  Grandparent  Guardian

\_\_\_\_\_  
First & Last Name of Secondary Contact

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Secondary Contact Email

\_\_\_\_\_  
Secondary Contact's Phone Number:  Mobile  Home  Work

### **Student Questionnaire**

Students in **Grades 5th to 12th** fill out:

Using your best handwriting, thoughtfully answer questions 1-5...

Student's Name:

1.What books have you read in the last year that were not required by your school?

- 1.
- 2.
- 3.
- 4.

2.What is your favorite book of all time and why?

3.List your favorite activities of a non-academic nature. Include activities in and out of school.

- 1.
- 2.
- 3.
- 4.

4.Are you willing to work to the best of your ability everyday as an Ivy Academy student?

5.Are you willing to cooperate with the authority of the teachers and administrators?

### **Parent Questionnaire**

Parents or Guardian are to thoughtfully and thoroughly answer the following questions:

Has student ever been: (Provide a complete explanation on a separate sheet of paper for any of the first four boxes checked.)

- Sent home from school for misbehavior?  
How many times sent home from school? \_\_\_\_\_
- Suspended for \_\_\_\_\_ full school day(s) for misbehavior?  
How many times suspended? \_\_\_\_\_
- Expelled from a school for misbehavior?  
How many times expelled from a school? \_\_\_\_\_
- Been put on any form of academic probation?
- None of the above

Does your child have a device that they regularly use for communication?

If yes, please explain what type and how often they use it:

List social media if used by student applicant:

- Facebook
- Instagram
- Snapchat
- Twitter
- YouTube
- TikTok
- Other: (specify) \_\_\_\_\_

Please tell us about your child (temperament, interests, outdoor activity level, special needs, health concerns, etc.).

Describe applicant's academic strengths. I.e. personal habits that facilitate learning, subject area strengths, etc.

Are there any academic or behavioral areas of concern? If so, please explain.

Does your child have any suspected or diagnosed learning differences, giftedness, or special needs? Please elaborate.

Does your child have any health issues or food allergies? If so, please explain.

What, if any, medications is your child currently taking? Please include the reason for the medication.

What are your overall goals for your child's development as a person?

Why are you considering Ivy Academy for your son or daughter?

What are your expectations of Ivy Academy?

Do you regularly attend a church or other faith-based organization? If yes, for how long and which one?

Explain any family circumstance that would help Ivy Tutorial better understand any consequent challenges faced by your son or daughter?

Before turning in applications, all parents are required to sign our statement of faith, view & watch the 18 part video series from Ambleside schools international, and sign below. Please find said videos by googling "The Ambleside difference." This will give you an excellent idea of the Charlotte Mason method and the philosophy of our school.

Our signatures below confirm that all information given in this application and related forms are correct to the best of our knowledge. We understand that any omission, misrepresentation of the facts, falsifying or withholding of information in completing this application and all required documents constitutes grounds for immediate withdrawal of the application, cancellation of admission, and/or termination of enrollment at Ivy Academy. Further, we understand that upon enrollment we are expected to become familiar with and abide by the rules and regulations as set forth in the Ivy Academy Handbook.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature (5th-12th applicants only)

\_\_\_\_\_  
Date

***Print for Additional Student***

**Please complete one form for each child and return to Ivy Office or email it back to [ivytutorial@outlook.com](mailto:ivytutorial@outlook.com)**

Please ensure you have reviewed and signed the Ivy Academy Statement of Faith before proceeding.

Student's name: \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Current grade \_\_\_\_\_

Primary Contact Relationship:  Mother  Aunt/Uncle  Father  Grandparent  Guardian

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First & Last Name of Primary Contact

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Mailing Address

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Primary Contact Email

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Primary Contact's Phone Number  Mobile  Home  Work

Secondary Contact Relationship:  Mother  Aunt/Uncle  Father  Grandparent  
 Guardian

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First & Last Name of Secondary Contact

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Mailing Address

---

Primary Contact Email

---

Secondary Contact's Phone Number:  Mobile  Home  Work

### Student Questionnaire

Students in **Grades 5th to 12th** fill out:

Using your best handwriting, thoughtfully answer questions 1-5.

Student's Name:

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- 5.
- 6.
- 7.
- 8.

2. What is your favorite book of all time and why?

3. List your favorite activities of a non-academic nature. Include activities in and out of school.

- 5.
- 6.
- 7.
- 8.

4. Are you willing to work to the best of your ability everyday as an Ivy Tutorial student?

5. Are you willing to cooperate with the authority of your mentor tutors and administrators?

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\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Student Signature (5th-12th applicants only)

\_\_\_\_\_

Date