



Cornel West Academy of Excellence

"THE BENCHMARK OF GREATNESS IS FINDING JOY IN LOVING AND SERVING OTHERS." ~DR. CORNEL WEST
WWW.CORNELWESTACADEMY.ORG

Application Packet

CWAE Creed

I am Now!

I am the Future!

The world depends on me!

The world depends on me to be a **servant**.

I am responsible for myself, my family, my community and the world.

The world depends on me to be **intelligent**.

I will always seek knowledge and understanding.

The world depends on me to be **courageous**.

I will always stand for what is right even in times of despair.

The world depends on me to always have **faith**.

I will never give up and always strive for the best.

The world depends on me to always seek **justice**.

I will always strive to protect the least of these.

The world depends on me to **think critically**.

I will always seek out solutions for complex issues.

The world depends on us!

The world depends on us!

We are the Future.

We are now.

We are the Cornel West Academy of Excellence.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. How did you learn about the Cornel West Academy of Excellence?

2. Which school subject(s) particularly interests your child?

Math Social Studies Language Arts Science

3. What are your child's special strengths and/or favorite activities?

4. Does your child have any food allergies, medical conditions, physical limitations, or take ongoing medications of which the staff should be aware?

5. Does your child have any behavioral problems at home or at school and, if so, have they resulted in repeated intervention by faculty or staff?

6. What type of educational setting would be best for your child?

7. What ten adjectives would you use to describe your child?

8. Do you have anything else to tell us so we can understand your child better?

9. Has your child been evaluated for Learning Differences, AD/HD, or emotional difficulties? Yes No
Please explain...



Cornel West Academy of Excellence
www.CornelWestAcademy.org
info@CornelWestAcademy.org
(Phone) 919.210.3516
(Fax) 919.415.1432

**10. Parents are REQUIRED to volunteer at the academy.
Which activities would interest you (please check)?**

- Classroom Aid
 - Field Trips
 - Guest Lecture Subject: _____
 - Other
-
-

I hereby authorize the Cornel West Academy of Excellence to contact the school references listed above to discuss the student's enrollment.

Signature

Date

I hereby give my permission for the release of any records of my son/daughter requested by the Cornel West Academy of Excellence.

Signature

Date

Please return this application directly to:
Cornel West Academy of Excellence
9660 Falls of Neuse Rd
Ste. 138-336
Raleigh, NC 27615



Cornel West Academy of Excellence
www.CornelWestAcademy.org
info@CornelWestAcademy.org
(Phone) 919.210.3516
(Fax) 919.415.1432

PARENT QUESTIONNAIRE

Parents or Guardians: Your comments about your child are important to us. Please complete the following questionnaire, which will be regarded as confidential information. Please answer the questions below and attach this sheet as the cover for your write-up.

Applicant's Name

Name of person (s) completing this form

Relationship to applicant

What factors contributed to the decision to apply to CWAE?

What words or phrases come to mind when describing your child?

Please comment on what you consider to be your child's greatest strengths?

What do you hope your child will gain by attending CWAE?

What are your child's activities and interests?

Has your child ever had an educational, psychological, or neurological?
If so, when and by whom?

I have completed this document to the best of my ability.

Signature of Parent or Guardian

Date

Please return this form to:

Cornel West Academy of Excellence
9660 Falls of Neuse Rd.
Ste. 138-336
Raleigh, NC 27615



Cornel West Academy of Excellence
www.CornelWestAcademy.org
info@CornelWestAcademy.org
(Phone) 919.210.3516
(Fax) 919.415.1432

**CORNEL ACADEMY OF EXCELLENCE (CWAE)
RECOMMENDATION FORM
(Applicants to CWAE)**

Name of student _____ Current Grade _____

Name of person completing this form _____

To the parent: Your child's file will be considered incomplete without it. Please fill in your child's name and grade to which he/she is applying and give the form to a family friend or someone other than a relative who can comment on your child from a non-academic perspective.

To the person writing this recommendation:

We understand the difficulty of evaluating a very young child and will accept answers in any form you choose. Your comments will not be shared outside the Office of Admissions.

PLEASE COMMENT ON THESE ITEMS:

I have known this child for _____ years. My relationship has been that of _____.

1. What are the first words which come to mind to describe:

a. the child? _____

b. the child's family? _____

2. Child's special interests:

3. Child's personality:

4. Child's relationship to parents:

5. Child's physical growth and development:

(Please attach separate sheet to elaborate on previous questions and/or share any other information you think will be helpful to us in understanding this student.)



Cornel West Academy of Excellence
www.CornelWestAcademy.org
info@CornelWestAcademy.org
(Phone) 919.210.3516
(Fax) 919.415.1432

PLEASE CIRCLE THE NUMBER WHICH BEST APPLIES TO EACH AREA:

Outstanding (1) Above Average (2) Below Average (3) Fair (4) Average (5) Not Observed

(Circle one for each question)

- | | | | | | |
|--|---|---|---|---|---|
| 1. Intellectual curiosity: | 1 | 2 | 3 | 4 | 5 |
| 2. Imagination and creativity: | 1 | 2 | 3 | 4 | 5 |
| 3. Ability to think and act independently: | 1 | 2 | 3 | 4 | 5 |
| 4. Ability to play and work cooperatively: | 1 | 2 | 3 | 4 | 5 |
| 5. Maturity in comparison to others of the same age: | 1 | 2 | 3 | 4 | 5 |
| 6. Student's emotional stability: | 1 | 2 | 3 | 4 | 5 |

Signed _____ Date _____

Address _____
Street City State Zip

Please send this form directly to
Cornel West Academy of Excellence
9660 Falls of Neuse Rd.
Ste. 138-336
Raleigh, NC 27615



DISCIPLINE PLEDGE – CODE OF CONDUCT

As a *participant* in the **Cornel West Academy of Excellence (CWAE)**, I,

_____ pledge the following:

1. I will quietly listen to and follow all directions given by the staff.
2. I will keep my hands to myself (i.e. no hitting, tripping, fighting), and refrain from any disruptive behavior – including the use of profanity (or anything that even sounds like profanity).
3. I will be respectful of others, the property of others, the buildings and areas that we use, and of myself.
4. I will be responsible for my belongings and for the proper use and care of all games, equipment, materials and supplies that are issued to or used by me.
5. I will not, under any circumstances, either individually or in a group, leave the designated areas without permission from my CWAE teacher. I will not leave an area unless accompanied by my group leader or a volunteer appointed by my group leader. I will not leave the building at any time unless a leader, or someone designated by my leader, or my parent, or someone designated by my parent, is with me.
6. In the event of any problem, I will immediately notify my group leader or other staff member. If there is still a problem, I will go to the Program Director.
7. I will willingly participate in all CWAE activities.
8. I will maintain a minimum of 90% attendance.
9. Disciplinary actions are as follows:
Step 1- Timeouts (usually for 10 – 15 minutes)
Step 2- Written task or paragraph on proper behavior and physical activity.
Step 3- One-day suspension and parent conference.
Step 4- After all of the above steps are taken, and problems still continue, my child may be dismissed from the program.
10. Fighting is an automatic week suspension from a week of CWAE activities.
11. The Executive Director reserves the right to override steps one through three of the disciplinary action steps, if he /she deem that the misconduct warrants that action.

I fully understand the above Code of Conduct and pledge to follow all rules and guidelines. I further understand that any disruptive behavior or breach of Code of Conduct can result in dismissal and that my parent will be notified.

Student's Signature

Date

Participant's Signature

Date



Cornel West Academy of Excellence
www.CornelWestAcademy.org
info@CornelWestAcademy.org
(Phone) 919.210.3516
(Fax) 919.415.1432

DISCIPLINE PLEDGE – CODE OF CONDUCT

As a *parent/guardian* of a **Cornel West Academy of Excellence (CWAE)** participant, I,
_____ pledge the following:

1. I will take full responsibility for my child arriving on time and attending all sessions (child needs to maintain at least 90% attendance).
2. I will arrive on time to pick up my child.
3. I will notify CWAE staff **immediately** if my child is unable to attend a session and to provide an official notice upon my child's return.
4. I will read all the materials that pertain to the Parent Academy.
5. I will volunteer a minimum of 5 hours between Sept - June.
6. I will assist in all CWAE fundraisers.
7. I will review the Code of Conduct and Behavior Policy with my child.
8. I will be held completely liable for any damages that my son causes during any CWAE event, session, or field trip.

I have read and reviewed the Code of Conduct with my child. I understand that I am responsible for any items my child breaks or destroys by intentional misuse or abuse. I further understand that disruptive behavior or breach of the Code of Conduct can result in dismissal from the program.

Parent's/Guardian's Signature

Date



Cornel West Academy of Excellence
www.CornelWestAcademy.org
info@CornelWestAcademy.org
(Phone) 919.210.3516
(Fax) 919.415.1432

CONFIDENTIAL TEACHER EVALUATION FORM

For Students Applying to the Cornel West Academy of Excellence

Name of Student: _____

Current Grade _____

Name of person completing this form: _____

Relationship to student: Current teacher _____; Former teacher _____; School head _____; Other _____

I have known this student _____ years/months.

What subject areas do you teach this student? _____

Your school's name _____ School telephone: _____

School address: _____ Fax #: _____

To the Teacher or School Director: We appreciate your cooperation in completing this form. Please be candid about this student's academic ability and motivation. All information received from you is confidential. We understand the difficulty in evaluating a student and are fully aware that children are constantly growing, changing and developing. This form is one piece of the student's profile and will be used in our assessment of him. If the student is denied admission, the recommendation will be destroyed. Thank you very much for your help.

What are the first words which come to mind to describe this student? Character and personality traits – Please check appropriate responses

Conduct

- outstanding in every respect
- usually good behavior
- occasional misconduct
- frequent disruption

Leadership

- much
- some
- little

Emotional maturity/stability

- very mature
- average
- somewhat immature
- relates poorly

Social relationship with peers/consideration for others

- healthy
- relationships
- has occasional minor problems
- relates poorly

Self-confidence

- Healthy self-confidence
- needs some support
- needs much reassurance

Integrity

- very trustworthy
- usually trustworthy
- not trustworthy

Sense of humor

- highly developed
- appropriate
- poorly developed

Sense of responsibility

- very responsible
- usually responsible
- sometimes responsible

Interaction with teachers/Adults

- is comfortable
- is dependent
- avoids contact



Cornel West Academy of Excellence
www.CornelWestAcademy.org
info@CornelWestAcademy.org
(Phone) 919.210.3516
(Fax) 919.415.1432

Please circle the words which you feel best describe this applicant:

Aggressive
Anxious
Articulate
Cheerful
Confident
Conscientious
Disobedient
Easily discouraged
Follower
Happy
Helpful
Honest
Influential
Irritable
Manipulative
Motivated
Negative leader
Organized
Over-protected
Passive-resistant
Perfectionist
Positive leader
Responsible
Self-centered
Self-disciplined
Shy
Social
Well-liked

We would appreciate comments and observations concerning this student. Please feel free to use a separate sheet of paper.

Parent involvement: Much Usually Rarely Not involved Don't know
Parent cooperation: Very cooperative Usually cooperative Not cooperative

Signature

Type or print name

Date

**Please return this form directly to:
Cornel West Academy of Excellence
9660 Falls of Neuse Rd. Ste. 138-336
Raleigh, NC 27615**



Cornel West Academy of Excellence

www.CornelWestAcademy.org

info@CornelWestAcademy.org

(Phone) 919.210.3516

(Fax) 919.415.1432