



## Campus Middle School for Girls

108 S. Webber Street • Urbana, Illinois 61802 • 217.344.8279

### Application for Admission 2024-2025

Dear Prospective Family,

Thank you very much for your interest in Campus Middle School. CMS is currently enrolling girls in 6<sup>th</sup> through 8<sup>th</sup> grade for the 2024-2025 school year. To qualify for admission, a student should be at or above grade level in all subjects and should be motivated and willing to respond to teachers with high expectations. Students should require no or minimal classroom accommodations. A completed application must be submitted by **March 7, 2024**. Acceptance decisions will be mailed by **April 12, 2024**. Qualified students not initially admitted will be placed on a waiting list. Late applications will be considered when space allows. In addition to the application materials, **a student visit and parent interview are required as part of the application process.** If you would like to schedule an individual tour of the school, please email Sara Holleman at [office@campusms.org](mailto:office@campusms.org).

Your **completed application** should include the following:

1. Applicant Information Sheet
2. Student Questionnaire
3. Parent Questionnaire
4. Two Teacher Recommendation Forms (at least one from the most recent classroom teacher)
5. Tuition Reduction Application (if applicable)
6. Photocopy of Report Cards (from this year and last year – if applicable)
7. Photocopy of Standardized Test Results (most recent test results – if applicable)
8. \$50.00 non-refundable application fee
9. Scheduled student visit and parent interview\*

\*Student visits will be scheduled after the application is submitted. Scheduling is available January 22 - March 5, and after Spring Break as needed. **There will be no visits the week of February 19.**

Please mail completed application packet by **March 7, 2024** to:

**Campus Middle School for Girls**  
**Attention: Tami Adams, Executive Director**  
**108 S. Webber Street**  
**Urbana, Illinois 61802**

Thank you for your interest in Campus Middle School for Girls.

Yours sincerely,

Tami Adams  
Executive Director

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## Tuition and Fee Schedule

### 2024-2025

Application Fee	\$50	Non refundable (one time fee)
New Student Enrollment Fee	\$375	Due upon acceptance (one time fee)
Supply Fee	\$575	Due upon acceptance
Tuition	\$16100	Due based on payment option (see below)

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**Total cost for new student with parent volunteer hours** **\$17,100**

Parent volunteer 20 hours per semester

Or pay \$600 per semester \$1,200 Due at each semester's end

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**Total cost for new student with no parent volunteer hours** **\$18,300**

**Tuition Commitment:** Students at Campus Middle School are enrolled for the entire school year, and their parents commit to paying tuition for the entire year. Tuition payments not received by the 5<sup>th</sup> of any month will be assessed a \$25 late fee, unless otherwise arranged with the school's Office Manager.

**Payment Options:** CMS offers the following options for tuition payment:

1. Monthly electronic bank account debit, beginning June 1st.
2. Monthly payment by check, starting June 1st.
3. Semester payments by check on June 1st and December 1st.

Payments for choosing not to volunteer are due at the end of each semester.

**Supply Fee:** A \$575 fee per student is required to cover expenses such as classroom materials, workbooks, and field trips.

**Parent Volunteer Hours:** CMS requires each family to volunteer a minimum of 20 hours a semester to help with various school activities. If your schedules make it impossible to volunteer, then a \$600 fee will be added to your tuition each semester. The fee amounts to \$30 for every volunteer hour. You are permitted to volunteer part of the hours and pay for the remainder. Unfulfilled or unsubmitted volunteer hours will be billed at the end of each semester.

**Campus Middle School for Girls** is a non-profit organization dedicated to providing an affordable, high quality education. Solely funded by student tuition, donations and contributions are encouraged. Donations from parents, alumni, and community organizations allow CMS to provide special classroom needs, financial aid, and unique educational opportunities. Donations to CMS are tax deductible.

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### **APPLICANT INFORMATION SHEET 2024-2025 School Year**

This form should be completed by the parent or legal guardian of the applicant. A \$50 non-refundable fee must be attached. The fee covers processing and screening and therefore is not applicable toward tuition.

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

Grade level applying for: \_\_\_\_\_

Student's name: \_\_\_\_\_  
First Middle Last

Name student prefers (nickname) \_\_\_\_\_ Preferred pronouns \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

#### **Parent / Legal Guardian Information**

**Parent/Guardian 1 Name:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Profession:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Parent/Guardian 2 Name:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Profession:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Names and relationship of other household members:** \_\_\_\_\_

**How did you hear about Campus Middle School for Girls?** \_\_\_\_\_

**Do you know any (past or current) CMS Families?** \_\_\_\_\_



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**PARENT QUESTIONNAIRE**

1. Describe what you want for your child's education and why you think Campus Middle School can meet these needs. (You may continue on the back for any of these questions)
  
2. Describe your child's strengths and talents.
  
3. Describe the areas in which you think your child needs encouragement or support. How does your child manage stress?
  
4. To best support your child, please share any challenges with learning, emotional regulation and/or anxiety your student has experienced in the classroom.
  
5. Does your child have any chronic medical, physical, or mental health concerns? If so, please explain and include any medications your child is currently taking.
  
6. CMS is able to provide minimal classroom accommodations to students with learning differences. Has your child been tested or evaluated for possible learning disabilities? If so, please state the diagnosis and the recommended accommodations. Please include all formal and informal classroom accommodations. **Attach 504/IEP if applicable.**
  
7. List areas of expertise or special skills that you may be willing to use in volunteering at CMS.

## Teacher Recommendation Form

Please send this form to: **Campus Middle School for Girls**  
**Attn: Tami Adams, Executive Director**  
**108 S. Webber Street**  
**Urbana, Illinois 61802**  
Or email directly to: [director@campusms.org](mailto:director@campusms.org)

**Name of applicant:** \_\_\_\_\_

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

Please explain how you know the applicant and discuss the degree of the student's motivation in learning and completing tasks. Please be sure to include any classroom differentiation you have done to meet the needs of this student. We would also like your candid assessment of the student's ability to get along with their peers.. Feel free to add comments that might help us gain a better understanding of this student. (You may continue on the back, if you wish). **This recommendation will remain confidential.**

\_\_\_\_\_  
**Name (please print)**

\_\_\_\_\_  
**Email Address**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Name of School**

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\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name of School

**Campus Middle School for Girls  
Tuition Reduction Application**  
**(only complete if requesting tuition assistance)**

Campus Middle School for Girls has a limited amount of funds available for tuition assistance. Families may apply for a partial tuition waiver (CMS will not award more than \$5,000 per student) for the current school year. Families needing continued assistance should plan to apply each year.

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

**Parent 1 Information:**

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Parent 2 Information:**

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Household Information:** Please attach your most recent 1040 Tax Form (you can black out Soc. Sec. Information)

Adjusted Gross Income (from most recent completed tax return): \_\_\_\_\_  
If you are not submitting the most recent year tax form, include details about any change to your income.

People residing in your household for which you provide more than half of their living expenses (ie. Dependents):

Name	Birthdate

*Please provide a concise supporting statement for your family to receive reduced tuition (cont. on the back if necessary).* \_\_\_\_\_

\_\_\_\_\_

I verify that the above information is correct and will provide additional documentation, if required.

Name (Printed): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_