



APPLICATION FOR ADMISSION

Application Fee of \$100 must be submitted with the completed application.

Please use this space to attach a recent photo of the applicant.

Please also include a second photo showing the applicant and family together.

(Photos are requested but not required)

APPLICANT:

Full Name _____

Applicant's Date of Birth _____ Age ____ M F

Grade Applying For? _____

Year Applying For? Immediate Enrollment 2019-2020 2020-2021

Ethnicity _____ Language _____ Citizenship _____

Applicant Previously Applied? Yes No

Reason for Reapply? _____

Referred by existing Family? Yes No

Name of Family _____

Additional Referral Information _____

Applying for Financial Aid? Yes No

PRIMARY HOUSEHOLD:

Please complete the information below for the child's parents or legal guardians. If there are step-parents, we ask that you submit the same information for them on a separate piece of paper.

Address: _____

Phone: _____

Student resides here? Yes No

Salutation & Name (Dr., Mr., Mrs., Ms.)

Relationship to Student

Email

Cell Phone Number _____ Work Phone Number _____

Currently Employed?

Occupation

Business Name

Business Address

Custodial Parent

Has Legal Custody?

Responsible for school related decisions?

Responsible for communication?

Salutation & Name (Dr., Mr., Mrs., Ms.)

Relationship to Student

Email

Cell Phone Number _____ Work Phone Number _____

Currently Employed?

Occupation

Business Name

Business Address

Custodial Parent

Has Legal Custody?

Responsible for school related decisions?

Responsible for communication?

if applicable. *This section does not apply to families without a second household.*



ADDITIONAL HOUSEHOLD:

Address:

Phone:

Student resides here?

Yes No

Salutation & Name (Dr., Mr., Mrs., Ms.)

Relationship to Student

Email

Cell Phone Number Work Phone Number

Currently Employed?

Occupation

Business Name

Business Address

Custodial Parent

Has Legal Custody?

Responsible for school related decisions?

Responsible for communication?

Salutation & Name (Dr., Mr., Mrs., Ms.)

Relationship to Student

Email

Cell Phone Number Work Phone Number

Currently Employed?

Occupation

Business Name

Business Address

Custodial Parent

Has Legal Custody?

Responsible for school related decisions?

Responsible for communication?

SIBLINGS:

	Sibling 1	Sibling 2	Sibling 3
Full Name	<hr/>	<hr/>	<hr/>
Date of Birth	<hr/>	<hr/>	<hr/>
Gender	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
Current School & Grade	<hr/>	<hr/>	<hr/>

SCHOOL & TESTING

Name of current or most recent school:

School Mailing Address:

School Mailing Address City, State, Zip:

School Phone Number:

Present Grade:

Grades & Dates of Attendance:

Please list other schools the student is applying to: _____

Has the student ever withdrawn or been dismissed from an academic institution or program? If yes, please provide withdrawal reason:

Are there any special concerns?

Does your child currently have or had an IEP (Individual Education Plan)?

Does your child have any diagnosis that we should be aware of?

SIGNATURE:

We (I) certify that the information provided on this application is true and accurate. We (I) understand and agree that the Director's and Teacher's Evaluations are confidential and will not be disclosed to me or become part of my child's permanent file.

Parent's or Legal Guardian's Signature

Date

Parent's or Legal Guardian's Signature

Date