



**Admissions Profile**

**Applicant Information**

*Please Print*

Grade for School Year 2021-2022: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Male  Female Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**\*\*Must provide birth certificate\*\***

\*\*\*\*\*

**Ethnicity (check only 1):**

- African American (Non-Hispanic)  Hispanic/Latino  White (Non-Hispanic)
- American Indian/Alaskan Native  Asian/Pacific Islander or Pacific Island

\*\*\*\*\*

Name of Former School: \_\_\_\_\_ Previous Grade: \_\_\_\_\_

Address of School: \_\_\_\_\_

Resident School District: \_\_\_\_\_

\*\*\*\*\*

Was your child receiving Special Education services?  Yes  No

If yes, do you have your child's special education records (IEP)?  Yes  No (If yes, copy must be attached)

\*\*\*\*\*

**Child lives with (check only 1):**

- Legal Guardian  Both Biological Parents  Mother only  Father only
- Both parents alternately (If both parents alternately please indicate custodial parent)

Custodial Parent's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\*\*\*\*\*

**Parent/Guardian Information**

Mother: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Business Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Business Email: \_\_\_\_\_

\*\*\*\*\*

Father: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Business Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Business Email: \_\_\_\_\_

\*\*\*\*\*

**\*\*If the student is living with Legal Guardian(s) complete this section\*\***

Guardian: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Legal Guardian's Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Business Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Business Email: \_\_\_\_\_

\*\*\*\*\*

Number of Persons Living in Household: \_\_\_\_\_

Annual Household Income (Check one):

- 0 to \$14,378     \$14,379 to \$18,044     \$18,045 to \$21,710
- \$21,711 to \$25,376     \$25,377 to \$29,042     Over \$35,000

\*\*\*\*\*

**\*\*Please do not put parent's information in this section\*\***

Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

In the event emergency medical treatment is required, I give consent for my child(ren) to be transferred to the nearest medical facility and if necessary to be treated by a qualified physician. ACADEMY OF DOVER will not transport my child(ren) to the nearest medical facility. In the event that I cannot be contacted and if my designated emergency contact is not available, I understand and agree that ACADEMY OF DOVER will telephone 911 for emergency medical assistance.

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

\_\_\_\_\_  
Date