



Application for Admission

Tell Us About Your Child

Current Date: _____

Child's legal name: _____

Male Female

Last name

First name

Middle name

Birthplace: _____

Birthdate: _____

City

State

Zip

County

M

D

Y

Child's Social Security Number: _____

Born in the US? Yes No

Does the child currently go to school? Yes No → If Yes, current grade? _____

Name of School: _____ (_____) - _____
School Phone

Parent or Legal Guardian

Last Name

First Name

Middle Name

Relationship to Child

Address (street or Route)

(_____) - _____
Home Phone

Email

City

State

Zip

Country

May we contact you at work? Yes No → If Yes, list work phone number: (_____) - _____

Employer

Hours of Work

Is this the person with whom the child lives? Yes No → If No, with whom does the child live?

Last Name

First Name

(_____) - _____
Phone Number

Relationship to Child

Background Information

Check all that apply

- Parents married Parents separated Parents divorced Parents never married
- Mother disabled Mother deceased Father disabled Father deceased

**Note: For the following section, If you are the parent and legal guardian only fill out the following applicable information due to your specific circumstance.*

Mother			Father		
Last Name	First Name		Last Name	First Name	
Address	Apt.		Address	Apt.	
City	State	Zip code	City	State	Zip code
() -			() -		
Phone Number			Phone Number		

About Your Child

If your child attends our school, we want to be sure we have the proper programs to meet his or her needs.

1. Does your child get "extra help" at school? Yes No
- a. For academics: (such as an IEP) Yes No

If yes, please describe:

- b. For behavior: (such as behavioral plan) Yes No

If yes, please describe:

- c. Has your child been disciplined (such as detention, suspension) at school in the last two years?

If yes, when and why:

Child Legal Information

Has your child had any previous or current police involvement?

Yes No → If Yes, Please complete. If No, move on to the next section

Police Department	Dates (From/To)	Probation	Purpose	City, States	Phone

Child's Medical Information

Medical Needs or Allergies (past or present):

Primary Physician's Name: _____ Phone Number: (____) _____ - _____

Current Prescription Medications	Purpose

For the Parent or Legal Guardian

Please provide us with any additional information you feel would be helpful for us to know as we review this application. (Please, attach additional sheets if necessary)
