



ADMISSION APPLICATION

| STUDENT INFORMATION | | | DATE: |
|--|---|--|---------------------|
| NAME (LAST) | FIRST | MIDDLE | |
| _____ | _____ | _____ | |
| DATE OF BIRTH (Mo/day/yr) | AGE | PLACE OF BIRTH (city & state) | |
| ____-____-____ | _____ | _____ | |
| HOME ADDRESS | CITY | STATE | ZIP CODE |
| _____ | _____ | _____ | _____ |
| EMERGENCY CONTACT PERSON(S). PLEASE LIST THREE PEOPLE WHO ARE AVAILABLE TO LEAVE HOMES OR JOBS DURING SCHOOL HOURS IN THE EVENT OF AN EMERGENCY. | | | |
| <u>LAST</u> | <u>FIRST</u> | <u>TELEPHONE NUMBERS</u> | <u>RELATIONSHIP</u> |
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |
| CHILD'S PHYSICIAN INFORMATION | | | |
| Name of Child's Physician: _____ | | | |
| Physician's Address: _____ | | Office Hours: _____ | |
| Physician's Telephone Number: _____ | | | |
| Insurance Provider: _____ | | Policy #: _____ | |
| Please List any medical/dietary/physical conditions or restrictions: (Be Specific) _____ | | | |
| PLEASE READ CAREFULLY: If your child should become ill or incur an injury accident at school, please indicate preference for action if administration cannot locate either parent. Please list in order by numbers 1 & 2 what procedure you want the school to follow: | | | |
| <input type="checkbox"/> Take Child to nearest hospital <input type="checkbox"/> Contact Emergency references | | | |
| PREVIOUS SCHOOL/CENTER INFORMATION | | | |
| NAME OF LAST SCHOOL OR CENTER ATTENDED | LOCATION (ADDRESS, CITY, STATE, ZIP CODE) | | |
| Last Grade Level Completed or Enrolled? ___ Infant/Toddler Room ___ Preschool Room ___ Kindergarten ___ Other: _____ | Applying to enter which grade at ASA Prep? ___ Infant ___ Toddler "Wee Prep" Room ___ Pre-1 (2 1/2 -3 yrs.) ___ Pre-2 (3 1/2 - 4 yrs.) ___ Pre-K (4 - 4 1/2 yrs.) ___ Grade School (K-3): Grade _____ | | |
| Does Child Have Other Siblings? _____ | Ages of other Siblings: _____ | | |
| | | | |

| FAMILY INFORMATION | | | |
|---|-------|----------------|---|
| MOTHER'S NAME LAST | FIRST | MIDDLE INITIAL | HOME ADDRESS IF DIFFERENT FROM STUDENT (Include City/State/Zip) |
| _____ | | | _____ |
| HOME PHONE number: () _____ | | | CELL PHONE NUMBERS () _____ |
| EMAIL ADDRESS: _____@_____ | | | Other Contact Number() _____ |
| PLACE OF EMPLOYMENT | | | OCCUPATION/DEPT./TITLE |
| COMPANY NAME: _____ | | | _____ |
| ADDRESS: _____ | | | HOURS OF EMPLOYMENT: |
| EMPLOYER PHONE NUMBER: () _____ | | | _____ |
| NAME OF SUPERVISOR IN NEEDED TO REACH PARENT: _____ | | | DAYS OF EMPLOYMENT: |
| | | | _____ |

| FAMILY INFORMATION | | | |
|---|-------|----------------|---|
| FATHER'S NAME LAST | FIRST | MIDDLE INITIAL | HOME ADDRESS IF DIFFERENT FROM STUDENT (Include City/State/Zip) |
| _____ | | | _____ |
| HOME PHONE number: () _____ | | | CELL PHONE NUMBERS () _____ |
| EMAIL ADDRESS: _____@_____ | | | Other Contact Number() _____ |
| PLACE OF EMPLOYMENT | | | OCCUPATION/DEPT./TITLE |
| COMPANY NAME: _____ | | | _____ |
| ADDRESS: _____ | | | HOURS OF EMPLOYMENT: |
| EMPLOYER PHONE NUMBER: () _____ | | | _____ |
| NAME OF SUPERVISOR IN NEEDED TO REACH PARENT: _____ | | | DAYS OF EMPLOYMENT: |
| | | | _____ |

| | |
|--|---|
| How Did You hear about ASA Higher Learning Prep? _____ | Did you complete a Tour of the School? _____ |
| Describe Your Child: | |
| What Are Your Expectations of ASA Higher Learning Prep School? | |

I, _____, have reviewed the foregoing application for admission and
(PARENT NAME – PLEASE PRINT)

hereby acknowledge the information provided to be accurate.

PLEASE INITIAL BESIDED EACH ENROLLMENT FORM REQUIREMENT. IF YOU HAVE NOT RECEIVED ALL FORMS INDICATED, PLEASE INQUIRE IN THE FRONT OFFICE. ALL FORMS MUST BE SUBMITTED TO COMPLETE THE ENROLLMENT PROCESS:

| | | Initial Here |
|---|--|--------------|
| 1 | I HAVE COMPLETED A TOUR BEFORE I REGISTERED MY CHILD(ren) AT ASA Prep | |
| 2 | I have completed, SIGNED, and return my admission application | |
| 3 | I have read, understand, and agree to the terms of the contract agreement. I have signed and returned the school's copy of the contract. | |
| 4 | I have submitted my child's immunization record and/or Health Appraisal Form | |
| 5 | I have read, understand, and SIGNED, the Parent Code of Conduct | |
| 6 | I have SIGNED, the Licensing Notebook Certification Form | |
| 7 | I have submitted a money order or cashier's check for the total cost of registration | |

PARENT SIGNATURE: _____ DATE: _____

For OFFICE USE ONLY

ADMIN/DIRECTOR SIGNATURE: _____ DATE: _____

SCHOOL YEAR: _____

STUDENT PLACEMENT: _____