



## Existere Academy Student Application

### Student Information

- Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_ (MM/DD/YYYY)
- Gender: ☐ Male ☐ Female ☐ Other: \_\_\_\_\_
- Grade Applying For: \_\_\_\_\_
- Previous School(s) Attended:  
\_\_\_\_\_
- Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Parent/Guardian Information

- Parent/Guardian Name(s):  
\_\_\_\_\_
- Relationship to Student: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Emergency Contact (if different):
  - Name: \_\_\_\_\_
  - Phone Number: \_\_\_\_\_

## Educational Background & Interests

- Has your child previously been diagnosed with any learning differences or special needs?

☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

- Does your child have any allergies or medical conditions we should be aware of?

☐ Yes ☐ No

If yes, please specify: \_\_\_\_\_

- What interests or hobbies does your child have?

\_\_\_\_\_

## Motivation & Goals

- Why do you want your child to attend Existere Academy? (Please write a brief statement)

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- What goals do you hope your child will achieve while attending our school?

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## Consent & Signature

I certify that the information provided on this application is true and accurate to the best of my knowledge. I understand that submission of this application does not guarantee admission.

- Signature of Parent/Guardian: \_\_\_\_\_

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

Please use this space for any further information: