



ALAMANCE ACADEMY DAY

STUDENT ADMISSIONS APPLICATION

School Year: _____

APPLICATION FEE

A non-refundable \$100 application fee must accompany this application to begin the admission review process.

Payment Method: Cash Check (Payable to: Alamance Academy Day) Online Payment

STUDENT INFORMATION

Student Full Name: _____ Date of Birth: _____ Age: _____

Home Address: _____

Student lives with: Both Parents Mother Father Legal Guardian Other: _____: _____ Is there a custody agreement in place? Yes No If yes, please provide a copy for our records.

Primary Language Spoken at Home: _____

PARENT / GUARDIAN INFORMATION

Name	Relationship	Phone	Email

SCHOOL HISTORY

Has the student repeated a grade? Yes No If yes, which grade: _____ Please explain:

Has the student been suspended or expelled? Yes No If yes, please explain:

Guidance Counselor Contact (if known): _____

STUDENT PROFILE & SUPPORT NEEDS

Does the student currently have an IEP? Yes No If yes, please provide a copy for our records.

Has the student had psychological testing? Yes No If yes, on what date? _____

Briefly describe the primary concerns or needs leading you to seek enrollment:

SAFETY CONSIDERATIONS

Aggressive behaviors toward peers or adults? Yes No If yes, please explain:

Self-harm attempts? Yes No If yes, please explain:

Suicidal ideation? Yes No If yes, please explain:

Legal or juvenile involvement? Yes No If yes, please explain:

FAMILY GOALS

What are your goals for your child at Alamance Academy Day?

Are you willing to participate in family therapy? Yes No

ADMISSIONS ACKNOWLEDGEMENT

I understand that submission of this application does not guarantee acceptance. The \$100 application fee is non-refundable. A screening and interview will occur before final enrollment decisions.

Parent/Guardian Signature: _____ Date: _____

Thank you for your interest in Alamance Academy Day!