

Application for Admission

Silver Lake Academy for Health Sciences

Palatka, Florida



1. Student Information

Full Legal Name:	
Preferred Name:	
Date of Birth:	
Current Grade:	
Address:	
City/State/Zip:	
Phone:	
Email:	

2. Parent/Guardian Information

Full name(s):	
Relationship:	
Phone(s):	
Email(s):	
Address (if different):	

3. Academic History

Current grade _____ Current School _____

Please attach copies of the student's two most recent report cards.

Prior school(s) with dates of attendance:

4. Medical Information

Please list any allergies, medical conditions, or medications (attach additional sheet if needed):

Signatures

I certify that the information provided is accurate and complete.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

How to Submit Your Application

Please submit your completed application and the \$50.00 application and diagnostic testing fee in one of these ways:

- Visit SilverLake.Academy, upload the application, and pay the \$50.00 application and diagnostic testing fee online.
- Mail the application and a check to Dr. Sharon Fair, 200 Silver Lake Terrace, Palatka, FL 32177. Please make the check payable to **Silver Lake Academy for Health Sciences, Inc.**

We will contact you within one business day of receiving your application to schedule your child's Diagnostic Testing.