



PosAbilities Academy
FOCUSING ON ABILITIES FOR A FUTURE OF POSSIBILITIES

PosAbilities Academy

Admissions Application

Applicant Information

Tell us about you:

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Birth Date: _____

MM/DD/YYYY

Do you have a documented disability? YES NO

Do you currently have an IEP? YES NO

Household/Parent/Guardian Information:

Full Name: _____ Guardia Type: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Full Name: _____ Guardia Type: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Education

Tell us about your education:

Middle School: _____ County: _____

From: _____ To: _____

High School: _____ County: _____

From: _____ To: _____

Other: _____ Address: _____

From: _____ To: _____

Career Interests

Tell us about your career interests

Do you have a High School transition plan? YES NO

List any careers that interest you:

List any Job Skills you have, or those that interest you:

What are your plans after you graduate High School?

List any extracurricular, personal and volunteer Activities

What other Services such OT, Speech, PT do you receive?

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____