



Date Received:

Application Fee:

<i>Office use only</i>

"Students of Unlimited Learning"

Enrollment Application

School Year: _____

Scholarship Amount: _____

Date of Application _____ Applying for Grade _____ Returning/New **R** **N**
Circle one

Applicant's Name (Student) _____
Last First Middle Initial

Address _____
Street City State Zip Code

Home Phone (_____) _____ Date of Birth ____/____/____

Male _____ Female _____ Student's Social Security Number _____ - _____ - _____

Parent _____

Previous school child attended _____

Mother's Name _____

Home Address _____
If different from above

Home phone (_____) _____ Cell Phone (_____) _____
If different from above

Occupation _____ Employer _____

Work Phone (_____) _____ Email _____

Father's Name _____

Home Address _____

If different from above

Home Phone (_____) _____ Cell Phone (_____) _____

If different from above

Occupation _____ Employer _____

Work Phone (_____) _____ Email _____

With whom does the student live? _____ Both Parents _____ Mother _____ Father _____ Guardian

Parents are: _____ Married _____ Separated _____ Divorced _____ Single

Personal Information

Has your child been referred for psychological or educational assessment? Yes/No. If yes, please briefly

Describe: _____

Please describe any special needs: _____

Family Church Affiliation (if any): _____

In what activities has the student's participated in school? _____

What are the student's hobbies, interests or activities outside school? _____

Family Information

Please list the names and ages of other children in the family.

Name _____ Age _____ School Attending _____

Name _____ Age _____ School Attending _____

Name _____ Age _____ School Attending _____

Student Release Information

Each child will be released only to a parent or a person named by the parent. Please list the person or person's authorized by you to pick up your child.

Name _____ Phone (_____) _____

Name _____ Phone (_____) _____

Name _____ Phone (_____) _____

*** Name of person (s) not authorized to pick up your child: _____

Publicity Authorization

S.O.U.L. Academy, Inc. anticipates using children's picture and names for publicity and news stories. Please mark the appropriate information for your child.

_____ I **do** give permission to SA to use my child's picture and name for publication purposes.

_____ I **do not** give permission to SA to use my child's picture and name for publication purposes.

Emergency Contacts

Please list below the names and phone numbers of persons to contact if your child becomes ill at school and you cannot be reached.

Name _____ Phone (_____) _____

Name _____ Phone (_____) _____

Name _____ Phone (_____) _____

Medical Diagnosis

Has your child ever received a mental health diagnosis; such as ADHD or Autism, etc.? _____ Yes _____ No

Has your child been prescribed medication for a mental health diagnosis? If yes, please list medications

What is the diagnosis or prognosis? _____

Do your child have an IEP or PSSP? _____ Yes _____ No

Authorization for Medical Treatment of Minors

Name of Minor: _____

Date of Birth: _____

Allergies, special conditions or medications: _____

I/We being the parents (s) or legal guardian (s) of the above-named minor do hereby appoint the faculty and staff of SA to act on my/our behalf in authorizing unexpected medical, dental, hospitalization, and surgical care for the above-named minor during the period of my/our absence. This document shall be presented to a physician, dentist, or appropriate hospital representative at such a time as unexpected medical, dental, hospitalization or surgical care may be required.

Insurance company/Gov. Program _____

Medicaid ID number _____

ID, group or contract number _____

Family physician or pediatrician _____ Phone (_____) _____

Physician's Address _____
Street City State Zip Code

Parent or Guardian Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

Witness Signature _____ Date _____

I hereby state that the information I have provided in this application is accurate and complete

Signature of Parent or Guardian _____ Date _____

S.O.U.L. Academy admits students of any race, color and national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the Academy. It does not discriminate on the basis of race, color, disability, national or ethnic origin in administration of its educational policies, admissions policies and other school-administered programs.

For Office Use Only: This portion is for Scholarship information purposes:

Step Up For Students

AAA Scholarship

Step Up For Students FES

Private Paying Parent