

Middle/High School Admission Application



Please complete this form to evaluate and assess the academic background, needs, and preferences of prospective students and their families.

Student Information

Name *

First Name

Last Name

Date of Birth *

Date

Gender *

Male



Female



Address *

Street Address

Street Address 2

City

State

Postal/Zip Code

Country

Parent/Guardian Information

Name of Parent/Guardian *

First Name

Last Name

Relationship to Student *

Phone number *

Phone Number

Email *

Email Address

Previous School Information

Name of Previous School Attended *

Address *

Street Address

Street Address 2

City

State

Postal/Zip Code

Country

Grades Attended *

Academic History

Grade Applying For *

Previous Grade Completed *

GPA *

If applicable

Emergency Contact Information

Name *

First Name

Last Name

Relationship *

Phone number *

Phone Number

Declaration

I hereby declare that the information provided is true and accurate to the best of my knowledge. I am authorized guardian of this student.

Parent/Guardian

Name: _____ * Date: _____