



# Application for Admission

## Tell Us About Your Child

Current Date:

Child's legal name:

Male  Female

\_\_\_\_\_

Last name

\_\_\_\_\_

First name

\_\_\_\_\_

Middle name

Birthplace:

Birthdate:

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

\_\_\_\_\_

County

\_\_\_\_\_

M

\_\_\_\_\_

D

\_\_\_\_\_

Y

Child's Social Security Number:

Born in the US?  Yes  No

\_\_\_\_-\_\_\_\_-\_\_\_\_

Does the child currently go to school?  Yes  No → If Yes, current grade? \_\_\_\_\_

Name of School: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
School Phone

## Parent or Legal Guardian

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Middle Name

\_\_\_\_\_

Relationship to Child

\_\_\_\_\_

Address (street or Route)

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Home Phone

\_\_\_\_\_

Email

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

\_\_\_\_\_

Country

May we contact you at work?  Yes  No → If Yes, list work phone number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_

Employer

\_\_\_\_\_

Hours of Work

Is this the person with whom the child lives?  Yes  No → If No, with whom does the child live?

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Phone Number

\_\_\_\_\_

Relationship to Child

## Background Information

Check all that apply

- Parents married       Parents separated       Parents divorced       Parents never married  
 Mother disabled       Mother deceased       Father disabled       Father deceased

*\*Note: For the following section, If you are the parent and legal guardian only fill out the following applicable information due to your specific circumstance.*

Mother			Father		
Last Name		First Name	Last Name		First Name
Address		Apt.	Address		Apt.
City	State	Zip code	City	State	Zip code
( ) -			( ) -		
Phone Number			Phone Number		

## About Your Child

If your child attends our school, we want to be sure we have the proper programs to meet his or her needs.

1. Does your child get "extra help" at school?       Yes       No  
a. For academics: (such as an IEP)       Yes       No

If yes, please describe:

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- b. For behavior: (such as behavioral plan)       Yes       No

If yes, please describe:

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- c. Has your child been disciplined (such as detention, suspension) at school in the last two years?

If yes, when and why:

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## Child Legal Information

Has your child had any previous or current police involvement?

Yes  No → If Yes, Please complete. If No, move on to the next section

Police Department	Dates (From/To)	Probation	Purpose	City, States	Phone

## Child's Medical Information

Medical Needs or Allergies (past or present):

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Primary Physician's Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Current Prescription Medications	Purpose

## For the Parent or Legal Guardian

Please provide us with any additional information you feel would be helpful for us to know as we review this application. (Please, attach additional sheets if necessary)

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