

APPLICATION FOR ADMISSION

20__ - 20__ Academic Year

Application for Grade: _____



APPLICANT

Name: _____
(LAST) (FIRST) (MIDDLE) (PREFERRED)

Sex: _____ Date of Birth: _____ Current Grade Level: _____ Primary Phone: _____

Address: _____
(STREET ADDRESS) (CITY) (STATE) (ZIP)

SCHOOL INFORMATION

Applicant's Current School: _____ Phone: _____

Address: _____

Principal/Director/Contact Person: _____ Grades Attended: _____

Has your child been identified as AIG/Gifted & Talented? Yes No Comments: _____

Other Previous Schools:

(SCHOOL NAME) (STREET ADDRESS) (CITY) (STATE) (ZIP) (GRADES ATTENDED)

(SCHOOL NAME) (STREET ADDRESS) (CITY) (STATE) (ZIP) (GRADES ATTENDED)

Teacher References: Please list the teachers to whom you will be giving the Teacher Recommendation forms.

Name: _____ Title: _____ Phone #: _____

Name: _____ Title: _____ Phone #: _____

Has your child had any testing, evaluation, or therapy of any kind? Yes No

If (yes), please explain:

Has your child ever been suspended or expelled from school? Yes No

If yes, please explain:

PARENT/LEGAL GUARDIAN

FATHER:

Dr./Mr. _____

Occupation: _____ Place of Employment: _____

Business Address: _____
(STREET ADDRESS) (CITY) (STATE) (ZIP)

Cell Phone: _____ Work: _____ Email: _____

MOTHER:

Dr./Mrs./Ms. _____

Occupation: _____ Place of Employment: _____

Business Address: _____
(STREET ADDRESS) (CITY) (STATE) (ZIP)

Cell Phone: _____ Work: _____ Email: _____

Father and Mother: Married Separated Divorced Deceased Father Deceased Mother

If divorced, who has custody of the applicant?: Mother Father

Applicant Lives With: Both Parents Mother Father Other: _____
(NAME/RELATIONSHIP)

Name of Person Financially Responsible: _____

SIBLINGS

Name	Date of Birth	School Attending
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please Submit:

1. the completed Application
2. a \$100 nonrefundable application fee
3. the Parent Assessment with essay
4. applicant's writing sample
5. a current picture of applicant
6. signed Authorization for Release of Student Records

I certify the above information is complete and accurate to the best of my knowledge:

Parent/Guardian Signature: _____ Date: _____