

Other children in the family: (names, ages and school)

name	age	school
name	age	school
name	age	school

Current School: _____

Address: _____
street city state zip

Phone: _____ Years at this School: _____ Grade Completed: _____

Name of last teacher and principal to whom we may send our evaluation forms:

Teacher: _____
name school phone

Principal: _____
name school phone

Previous Schools:

name	yrs attended	name	yrs attended
name	yrs attended	name	yrs attended

Has student ever been asked to withdraw from a school? _____ If so, please explain:

Has student ever skipped or repeated a grade? _____ If so, give grade(s) and the circumstances:

Has student ever had any special tutoring? _____ If so, please indicate the subject(s) and grade(s) when the student was tutored and the circumstances:

Describe any special circumstances which have affected the student's performance in school (e.g., illness or physical handicaps, particular learning difficulties, or changes of homes or schools, etc.)

Describe any health conditions, or restrictions the student may have:

Person financially responsible for this student: _____

Social Security #: _____ Driver's License #: _____

Send tuition bills to: _____

How did you hear about The Academy? _____

Father / Guardian Signature: _____ Date: _____

Mother / Guardian Signature: _____ Date: _____

For Office Use Only

Application Checklist

Date of Application _____

Date of Visit _____

Test Completion Date _____

Previous School Records Requested _____

Previous School Records Received _____

References/Recommendation Received _____

Test Fee _____

Application Fee _____

Financial Institution _____

Account _____