

APPLICATION FOR ADMISSION- ELEMENTARY 2017-2018 SCHOOL YEAR

APPLICATION FEE \$200

Enclosed with this application is a one-time, non-refundable new student application fee that covers processing of application and necessary incoming evaluations.

All applicants must complete a Frontiers Academy assessment prior to acceptance. If my child is accepted, I understand that I will pay the yearly enrollment fee to hold my child's spot. This yearly enrollment fee is non-refundable and due at the time of contract signing.

I certify that all information given in the application process is complete and accurate. I understand that failure to disclose information about the applicant's medical, educational or emotional history may affect the school's admissions decision. The school reserves the right to reverse an admission decision, even after acceptance and enrollment, if such information has been withheld from the school.

| Print Parent/Guardian's Name: | | | |
|-------------------------------|---------------------------------|----------|--|
| Parent/Guardian's Signature: | | Date: | |
| APPLICANT INFORMATION | | | |
| Grade Entering: | | | |
| Child's Full Name | | | |
| Male Female | Date of Birth | Age | |
| Home Address | | Apt# | |
| City | State | Zip Code | |
| Parent Phone | (best number to reach a parent) | | |
| Allergy or Health Alerts | | | |

PARENTS/ GUARDIANS

| Student lives at the address above with: | |
|--|----------------------------------|
| Father Stepfather Stepn | nother Other (note) |
| The applicant's parents are: | |
| Married Separated Divorced | d Widowed Single |
| Father/Guardian Information | Mother/Guardian Information |
| Name | Name |
| Email | Email |
| Home phone | Home phone |
| Cell phone | Cell phone |
| Home address same as student N Y | Home address same as student N Y |
| Home Address | Home Address |
| City State Zip | City State Zip |
| Employer | Employer |
| Title | Title |
| Business Address | Business Address |
| City State Zip | City State Zip |
| Work phone | Work phone |

By signing this application, I acknowledge that Frontiers Academy is an academically vigorous school. I understand that homework, quizzes, and assessments are part of learning and will be expected on a regular basis.

STUDENT EDUCATIONAL HISTORY

| Has this student applied to an immersion school in the past? If so, where? | | | | |
|--|---------------------------------|-----------------------------|---------------------------|--|
| Previous Schools Attended (please | | | | |
| | | Dates a | attended | |
| | | Dates a | ittended | |
| Why are you thinking of leaving you | · | | | |
| Primary Language spoken at home | | | | |
| List all siblings and the schools they | currently attend | : | | |
| Full Name | | Male/Female Grade | D.O.B | |
| School | | | | |
| Full Name | | Male/Female Grade | D.O.B | |
| School | | | | |
| | | | | |
| | | | | |
| STUDENT INTERESTS | | | | |
| Has your child ever been <u>evaluated</u> provide reports.) | <code>[</code> for the followin | g? If yes, explain on a sep | parate sheet of paper and | |
| Learning Differences | No Yes | Behavioral Probler | ms No Yes | |
| Psychiatric/Psychosocial Problems | No Yes | Visual Problems | No Yes | |
| Hearing Problems | No Yes | I.Q. | No Yes | |
| Does the applicant take prescribed | medication or ne | ed any special medical at | tention No Yes | |
| If so, explain: | | | | |
| Condition | | Medication | | |

| Have there been any situations in the student's life that the school should know about in order to meet his/her learning or developmental needs? (changes in schools, death in family, divorce, etc.) | | | | |
|---|--|--|--|--|
| Explain: | | | | |
| | | | | |
| | | | | |
| Please list sports or extracurricular activities (participates in: | dance, music, etc.) in which the child currently | | | |
| | | | | |
| Academic Strengths | | | | |
| Academic Weaknesses | | | | |
| | | | | |
| How did you hear about Frontiers Academy: | | | | |
| Newspaper/Magazine ad | (name of newspaper or magazine) | | | |
| Social media website | (name of social media website) | | | |
| Online search (Google, etc) | (name of search engine) | | | |
| Friend, family or colleague referral | (name of referring family) | | | |
| Attended an event | (name of event) | | | |
| I live or work in the area | | | | |
| Other | (please explain) | | | |