



## APPLICATION FOR ADMISSION- PRESCHOOL

2017-2018 SCHOOL YEAR

### APPLICATION FEE- \$150

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

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: \_\_\_\_\_

### STUDENT INFORMATION

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 \_\_\_\_\_

Previous Schools Attended (please give dates)

\_\_\_\_\_ Dates attended \_\_\_\_\_

\_\_\_\_\_ Dates attended \_\_\_\_\_

Primary Language spoken at home \_\_\_\_\_ Additional languages \_\_\_\_\_

## PARENTS/ GUARDIANS

Student lives at the address above with:

Father \_\_\_\_ Mother \_\_\_\_ Stepfather \_\_\_\_ Stepmother \_\_\_\_ Other (note) \_\_\_\_\_

The student's parents are:

Married \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ 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 \_\_\_\_\_

## STUDENT INTERESTS

Has your child ever been evaluated for the following? If yes, explain on a separate sheet of paper and provide reports.)

Learning Differences No \_\_\_\_ Yes \_\_\_\_

Behavioral Problems 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 need any special medical attention      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 (dance, music, etc.) in which the child currently participates in:

\_\_\_\_\_  
\_\_\_\_\_

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)