



The Academy
Pathway to Excellence

Enrollment Application

Applicant's Name: _____

D.O.B.: _____ Ethnicity: _____

Grade to be Enrolled in: _____ Last School Attended: _____

Parent/Guardian's Name: _____

Parent/Guardian's E-mail: _____

Relationship to Student: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Employer Name: _____

Yearly Salary (Approx.): _____

How did you hear about The Academy?:

What has motivated you to choose The Academy for your son?:

{over}

Who has legal custody of the applicant?

_____ Father _____ Mother _____ Both _____ Other (please explain: _____)

Does the applicant have other siblings in the home?: _____ How many?: _____

Does the applicant require any Special Education classes (504 plan, IEP, resource room, etc.)

_____ Yes (Please Explain: _____)

_____ No

Does the applicant require any ESL or ELL classes? _____ Yes _____ No

Does the applicant have any physical problems or allergies? _____ Yes _____ No

If yes, please explain:

Is the applicant required to take any daily medication? _____ Yes _____ No

If yes, please explain:

Please provide at least one (1) emergency contact for your son:

Name: _____ Phone: _____

Name: _____ Phone: _____

The Academy admits boys of any race, color, and national or ethnic origin to all rights and privileges, programs, and activities generally accorded or made to the students at this school. It does not discriminate on the basis of race, color, and national origin in the administration of its education policies and other school administrative programs.