



**Student Application - Page 2**

| <b>Custody of Child (if applicable)</b>      |       |
|--|-------|
| Custodial Parent: _____<br>Name Relationship | _____ |
| Documentation _____                          |       |
| Date Provided _____                          |       |

| <b>Guardianship of Child (if applicable)</b> |       |
|--|-------|
| Guardian _____<br>Name Relationship          | _____ |
| Documentation _____                          |       |
| Date Provided _____                          |       |

**Child's Education:**

**Previous schools attended**

| Name | Address | Grades | Dates |
|------|---------|--------|-------|
|      |         |        |       |
|      |         |        |       |
|      |         |        |       |

Child has been evaluated by the district *Committee on Special Education* \_\_\_\_\_ YES \_\_\_\_\_ NO

Child has been evaluated by a private psychological or educational agency. \_\_\_\_\_ YES \_\_\_\_\_ NO

If answer to either or both statements above is YES, application must complete the following:

| Type of Evaluation   | Date of Evaluation | Name of Agency | Contact Name and Phone |
|----------------------|--------------------|----------------|------------------------|
| <i>Educational</i>   |                    |                |                        |
| <i>Psychological</i> |                    |                |                        |
| <i>Speech</i>        |                    |                |                        |
| <i>Other</i>         |                    |                |                        |

If child has been seen by a public district *Committee on Special Education*, applicant must complete the following:

| District Name and Number | Date of most recent I.E.P. | Date of Last Psychological Evaluation | Classification/Recommended Placement |
|--------------------------|----------------------------|---------------------------------------|--------------------------------------|
|                          |                            |                                       |                                      |

Child has a *Section 504 Accommodation Plan* \_\_\_\_\_ YES \_\_\_\_\_ NO Copy Submitted: \_\_\_\_\_  
Date

I affirm that the above information is true to the best of my knowledge. I understand that failure to provide the required documentation stops the process.

Furthermore, should my child be accepted/admitted under false or negligent information, my child will be dismissed from the school.

Final acceptance is also dependent on all fees being paid in full to previous school. Acceptance notices will be mailed.

**Application and Registration Fees are Non Refundable**

|                                       |             |
|---------------------------------------|-------------|
| Signature of Parent / Guardian: _____ | Date: _____ |
|---------------------------------------|-------------|