



# APPLICATION FOR ADMISSION

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Preferred Start Date \_\_\_\_\_

I am applying for:  5 full-days  3 full-days (Bloom Studio)  5 half-days  3 half-days

Entry Year:  AUG  JAN

## PERSONAL INFORMATION

Child's Full Name \_\_\_\_\_ Child Goes By \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Identified Gender \_\_\_\_\_

Month Day Year

Parent/Guardian

Parent/Guardian

Full Name \_\_\_\_\_

\_\_\_\_\_

Street Address \_\_\_\_\_

\_\_\_\_\_

City, State, Zip \_\_\_\_\_

\_\_\_\_\_

Occupation/Title \_\_\_\_\_

\_\_\_\_\_

Employer Name \_\_\_\_\_

\_\_\_\_\_

Primary Phone Number \_\_\_\_\_

\_\_\_\_\_

(Circle one) Cell Home Work

Cell Home Work

Secondary Phone Number \_\_\_\_\_

\_\_\_\_\_

(Circle one) Cell Home Work

Cell Home Work

Email Address \_\_\_\_\_

\_\_\_\_\_

Does your child have any allergies? Does your child require any medication during the school day?  
If yes, please describe.



## **ACADEMIC INFORMATION**

Applicant is presently enrolled in the \_\_\_\_\_ grade at:

Name of School \_\_\_\_\_

School Address \_\_\_\_\_  
Street City State Zip Code

School Phone \_\_\_\_\_ Grade Level(s) Attended \_\_\_\_\_

Previous school your child attended:

Name of School \_\_\_\_\_

School Address \_\_\_\_\_  
Street City State Zip Code

School Phone \_\_\_\_\_ Grade Level(s) Attended \_\_\_\_\_

## **PARENT QUESTIONNAIRE**

1. What can you tell us about your child that may help us to meet his/her needs?
  - a. Intellectually/Academically: Please consider topics such as language skills, number awareness/math ability, sustained interest in certain topics, persistence/follow-through)
  
  
  
  
  
  
  
  
  
  
  - b. Socially/Emotionally: Please consider topics such as emotional maturity, social compatibility, self-image, etc.
  
  
  
  
  
  
  
  
  
  
  - c. Physically: Please speak to topics such as motor skill development.





7. Please provide any additional information you think will help us best serve your child if enrolled at Aspire Academy.

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The information on this application has been completed accurately and truthfully to the best of my knowledge. *All legal guardians must sign.*

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Date

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Parent's/Guardian's Signature

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Date

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Parent's/Guardian's Signature