



Elite Academy APPLICATION FOR ADMISSION

STUDENT INFORMATION

NAME OF STUDENT:			
	LAST	FIRST	MIDDLE
BIRTH DATE:	GRADE:	SOCIAL SECURITY #:	
ADDRESS:		PHONE #:	
CITY/STATE:		ZIP:	
CHILD LIVES WITH:		RELATIONSHIP:	
SENDING SCHOOL DIVISION:		BASE SCHOOL:	

PARENT/GUARDIAN INFORMATION

FATHER/GUARDIAN:	MOTHER/GUARDIAN:
ADDRESS:	ADDRESS:
CITY/STATE/ZIP	CITY/STATE/ZIP
HOME #	HOME #
CELL #	CELL #
WORK #	WORK #
OCCUPATION	OCCUPATION

Please provide your email address for correspondence from teacher/staff. Email:

LEGAL CUSTODY OF STUDENT

WHO HAS LEGAL CUSTODY:	BOTH Parents	FATHER	MOTHER	OTHER :
FORM OF CUSTODY:	Sole	Joint	VISITATION:	
RIGHTS OF NON-CUSTODIAL PARENT(S):				



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LIST ANY BROTHERS/SISTERS, INCLUDING STEP AND HALF SIBLINGS, LIVING WITH THIS CHILD.

NAME	AGE	NAME	AGE

CRIMINAL JUSTICE STATUS

Check if NOT applicable

CHARGES PENDING:	ON PROBATION:	LEGALLY DETAINED:	OTHER:
PROBATION OFFICER:	COUNTY:	PHONE #:	
IF OTHER, PLEASE EXPLAIN:			

PLACEMENT/TREATMENT HISTORY

Check if NOT applicable

(THERAPEUTIC SCHOOLS, HOSPITALIZATIONS, RESIDENTIAL TREATMENT FACILITIES, ETC.)

PLACEMENT	DATES	REASON	DIAGNOSIS

CURRENT PROVIDERS

Check if NOT applicable

PLEASE LIST NAME, PHONE #'S & TYPE OF TREATMENT (OUTPATIENT, IN-HOME THERAPY, MENTOR, ETC.)

PROVIDER NAME	PHONE #	TYPE OF TREATMENT

SIGNATURE OF PARENT/GUARDIAN

DATE