**APPLICATION FOR ADMISSION**

**APPLICANT INFORMATION**

**Last Name First Name Middle Name**

**Home Address City State Zip Code**

**Date of Birth Gender Social Security Number Grade**

 **Home School School Address**

**City State Zip Code**

**FAMILY INFORMATION**

**Applicant lives with?**

* **Mother**
* **Father**
* **Other**

**Parent/ Guardian**

**Last Name First Name Phone Number**

**Home Address City State Zip Code**

**Parent/ Guardian**

**Last Name First Name Phone Number**

**Home Address City State Zip Code**

**MEDICAL INFORMATION**

**Allergies:**

**Current Medication:**

**EMERGENCY CONTACT**

**Name Relationship Phone Number**

**Name Relationship Phone Number**

**Name Relationship Phone Number**

**EDUCATION Documents listed below must accompany application**

**Individualized Education Plan Behavior Reports**

**Academic Record/ Transcript Health/ Immunization Record**

**Attendance Record Psychological/Social History Reports**

**PAYEE SOURCE**

 **Family assessment & Planning Team (FAPT) Child Support Agency (CSA)**

 **Department of Social Services (DSS) Other:**

**DATE OF APPLICATION:**