

Sherry Adams Preparatory Academy Application

STUDENT INFORMATION This application and contract is for the 20__-20__ academy year.

Student's Legal Name:

Last	First	Middle Initial	Nickname
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Birth date: _____ Current Age: _____ Grade _____ Sex: M F

Address: _____

City/State/Zip Code: _____

Student Email Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Grade applying for: _____

School last attended (name and address):

1. Has the applicant ever repeated a grade? _ Yes _ No

If "yes", what grade and explain:

2. Has the applicant ever had any discipline or emotional problems, or been suspended, expelled or withdrawn from school? ___ Yes ___ No

If "yes", explain:

3. Is there any reason the applicant cannot go back to the school previously attended? _ Yes _ No

If "yes", explain:

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(Application continued)

4. Has the applicant been tested for or diagnosed with any learning disabilities? ___ Yes ___ No

5. Does the applicant have a current IEP, 504 Plan, or Formal Plan? ___ Yes ___ No

If "yes", explain:

6. Food allergies or other medical or drug related concerns:

7. Current Medications:

Parents are expected to contribute 10 volunteer hours per year. Will you be able to meet this requirement? Yes No

Parent/Guardian Marital Status (please circle):

Married Separated Divorced Remarried Spouse Deceased Single

Resides with (please circle):

Both Parents Mother Father Stepfather Stepmother Grandmother
Grandfather Other

In case of divorce or separation, please complete the following questions:

Legal Custody: Joint Mother Father Guardian Other _____

Academy Notifications should be sent to: Mother Father Guardian Other _____

Financial Responsibility will be assumed by: _____

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(Please print) Father's Name: _____

Father's Driver's License Number or State ID# _____

Employer & Occupation: _____

Home Phone Number: _____

Work Number: _____ Cellular Number: _____

Home Address: _____

(If different than student)

Email address: _____

(Please print) Mother's Name: _____

Mother's Driver's License Number or State ID# _____

Employer & Occupation: _____

Home Phone Number: _____

Work Number: _____ Cellular Number: _____

Home Address: _____

(If different than student)

Email address: _____

(Please print)

Step Mother's Name: _____

Phone Number: _____

Step Father's Name: _____

Phone Number: _____

Other Children in the family currently enrolled at SAPA:

1. _____ 2. _____

Name

Grade

Name

Grade

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Please provide the name of a friend who shares similar educational values that you would refer to SAPA:

Name _____

Telephone number _____

Email Address _____

Please list individuals who are permitted to pick up your child in the event that the parents or guardians are unable to do so:

1) _____ DL# _____

2) _____ DL# _____

3) _____ DL# _____

Church Attending: _____

Address: _____

Phone: _____

Name of person responsible for financial contract if other than parents:

Address: _____

Street

City

State

Zip

Social Security Number of Person Being Billed: _____-_____-_____

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Application

The information provided by me in this application is to the best of my knowledge complete, accurate, and true. I understand that all students in grade 4th – 8th and their parents may be interviewed by the administration before final acceptance. I agree to abide by the academy’s policies, procedures, and requirements contained in the Parent-Student Handbook and SAPA Forms. I understand that Registration and Matriculation Fees are non-refundable. Families that do not fulfill their 10 hour per year commitment are subject to a \$100 fine, billed to their account by May 20th of the current year.

SIGNED: _____ **Date:** _____
Father/Guardian

SIGNED: _____ **Date:** _____
Mother/Guardian