

Has the applicant ever had to repeat a grade(s)? Yes No If yes, which grade(s)? _____

Please state the reason for the retention. _____

Has the applicant ever skipped a grade(s)? Yes No If yes, please indicate the grade skipped and the reason. _____

Has the applicant been tested for learning disabilities? Yes No
If yes, please give the date and general results for the test. _____

Has the applicant ever been suspend or expelled from school for any reason? Yes No

If yes, please give the year of the suspension or expulsion and the reason(s). _____

Have all financial obligations with previous schools been met? Yes No

Applicant's extracurricular interests, abilities and achievements: _____

IN CASE OF EMERGENCY

Person to contact in case of emergency if the person legally responsible cannot be reached (2 numbers required)

Name: _____ Relation to applicant: _____

Address: _____ Home Phone: _____

Street City State Zip

Business phone: _____

Name: _____ Relation to applicant: _____

Address: _____ Home Phone: _____

Street City State Zip

Business phone: _____

Additional comments and information: _____

GENERAL MEDICAL INFORMATION

Please indicate any medical conditions including allergies of which the faculty and staff should be aware (e.g., asthma, ect.):

Please list any known handicaps, mental or physical, that would limit the applicant's participation in our educational program: