

Application for Admission

2020-2021

**APPLICATION 2020-2021**

Name of person completing this form \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of application\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Student’s First Name | Middle | | Last | |
| Preferred Name | | Male/Female | |  |
| Address | | | | |
| City | State | Zip Code | Telephone | |
| Date of Birth | Current Age | | Place of Birth | |
| Current School | School District | | Grade Level | |
|  |  | |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Primary Physician |  | Phone |  | Fax |
| Current Psychologist |  | Phone |  | Fax |
| Current Psychologist |  | Phone |  | Fax |

**Authorization and Request**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name of Child | MI | Last Name |  | Date of Birth |
| Street Address |  |  | Apt No |  |
| City | State | Zip Code |  | Telephone |

This release of information form provides consent from you to allow your child’s information to be shared with the Admissions Team at Aviator Academy. The information you provide within the Enrollment Packet will be used for evaluation for admission and goal planning.

I/We authorize and request the Admissions Director to provide information regarding the above child to the Admissions Team of Aviator Academy. This information may include background and history, current and past treatment, test results and diagnoses.

|  |  |  |
| --- | --- | --- |
| Parent/Guardian Signature |  | Date |
| Aviator Academy Signature |  | Date |

**Family Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Parent 1: | | | | | | |
| First | | | Middle | | Last | |
| Relationship to child: | Mother | | Father | Stepmother | Stepfather | Legal Guardian |
| Home Address | | | | | Home Phone | |
| Cell Phone | | Business Phone | | | Preferred Email Address | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Parent 2: | | | | | | |
| First | | | Middle | | Last | |
| Relationship to child: | Mother | | Father | Stepmother | Stepfather | Legal Guardian |
| Home Address | | | | | Home Phone | |
| Cell Phone | | Business Phone | | | Preferred Email Address | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Parent 3: | | | | | | |
| First | | | Middle | | Last | |
| Relationship to child: | Mother | | Father | Stepmother | Stepfather | Legal Guardian |
| Home Address | | | | | Home Phone | |
| Cell Phone | | Business Phone | | | Preferred Email Address | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Parent 4: | | | | | | |
| First | | | Middle | | Last | |
| Relationship to child: | Mother | | Father | Stepmother | Stepfather | Legal Guardian |
| Home Address | | | | | Home Phone | |
| Cell Phone | | Business Phone | | | Preferred Email Address | |

Please indicate if appropriate:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Parents divorced |  | Father remarried |  | Mother remarried |
|  | Father deceased |  | Mother deceased |  |  |

If parents are separated or divorced, who has custody?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Mother |  | Father |  | Stepmother |
|  | Stepfather |  | Legal Guardian |  | Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

With whom does the applicant reside?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Mother |  | Father |  | Stepmother |
|  | Stepfather |  | Legal Guardian |  | Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Who will be financially responsible for the applicant’s tuition and fees?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Mother |  | Father |  | Stepmother |
|  | Stepfather |  | Legal Guardian |  | Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

To whom should bills be addressed?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Mother |  | Father |  | Stepmother |
|  | Stepfather |  | Legal Guardian |  | Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

To whom should general school correspondence be addressed?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Mother |  | Father |  | Stepmother |
|  | Stepfather |  | Legal Guardian |  | Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

To whom should academic reports, teacher comments, and other reports be addressed?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Mother |  | Father |  | Stepmother |
|  | Stepfather |  | Legal Guardian |  | Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Student Information**

Please tell us about your child’s strengths, interests, and accomplishments. Include sports, games, and special activities. What are they enthusiastic about? Where does your student excel?

In what areas does your child struggle?

Please tell us what kind of support services your child is currently receiving, including tutoring, occupational therapy, speech therapy, etc.

Type of support Provided by Frequency of Service

**Educational History**

What types of schools and programs has your child been enrolled in. Please indicate any modifications or supports they received.

Dates School/Type Grade Level Supports/Modifications

Do you feel previous school environments, teachers, and methods were a good fit for your child? Why or why not?

What would you like to see in your child’s ideal learning environment? What needs do you feel must be addressed in order him or her to be successful?

**Medication History**

Please list any medications currently being taken by the applicant:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Medication:** |  |  | **Medication:** |  |
| Dosage: |  |  | Dosage: |  |
| Times/Daily: |  |  | Times/Daily: |  |
| Prescribed by: |  |  | Prescribed by: |  |
| Condition: |  |  | Condition: |  |
| Date Began: |  |  | Date Began: |  |
|  |  |  |  |  |
| **Medication:** |  |  | **Medication:** |  |
| Dosage: |  |  | Dosage: |  |
| Times/Daily: |  |  | Times/Daily: |  |
| Prescribed by: |  |  | Prescribed by: |  |
| Condition: |  |  | Condition: |  |
| Date Began: |  |  | Date Began: |  |
|  |  |  |  |  |
| **Medication:** |  |  | **Medication:** |  |
| Dosage: |  |  | Dosage: |  |
| Times/Daily: |  |  | Times/Daily: |  |
| Prescribed by: |  |  | Prescribed by: |  |
| Condition: |  |  | Condition: |  |
| Date Began: |  |  | Date Began: |  |
|  |  |  |  |  |

What diagnoses have been suggested for your child?

What other medications have you tried? What was the result?