



Applicant Information

Student Information

Name: _____
First Middle Last Nickname (if applicable)

Gender: M F Date of Birth: _____ Race/Ethnicity (optional): _____

Home Address: _____

Application for Grade ____ in September 20 ____ Applicants for K must be 5 before Sept. 1st of the year for which they are applying

Current Grade: _____ Current School: _____ School Phone: _____

School Address: _____

School(s) previously attended and dates of attendance: _____

Parent/Guardian Information

Parent Guardian 1: _____

Relationship To Child: _____

Home Address: _____

Cell Phone: _____

Email: _____

Occupation: _____

Employer: _____

Business Phone: _____

Parent Guardian 2 _____

Relationship To Child: _____

Home Address: _____

Cell Phone: _____

Email: _____

Occupation: _____

Employer: _____

Business Phone: _____

Applicant Information *(cont.)*

Family Information

Marital Status (check one): Married Living together Divorced Separated Single Deceased

Other (please describe): _____

Name of person financially responsible: _____

Other children in the family:

Name: _____ Date of Birth: _____ M F Current School: _____

Name: _____ Date of Birth: _____ M F Current School: _____

Name: _____ Date of Birth: _____ M F Current School: _____

Name: _____ Date of Birth: _____ M F Current School: _____

Is a language other than English spoken in your home? Y N

Is the applicant bilingual? Y N If yes, what language? _____

Personal References

If you were recommended to Imagine Academy by a current family or other member of the community, please provide their name(s):

Tuition Assistance

Tuition assistance is offered to accepted students on the basis of financial need and the availability of funds. Decisions on financial aid are made independent of the admission decision and do not affect a student's application.

Will you be applying for financial aid? Y N

Please Tell Us About Your Child (please limit your answers to the space provided).

Please tell us about your child (eg: likes/dislikes, communication, motor skills, personality):

Applicant Information *(cont.)*

How do you envision your child's educational environment?

Please tell us about the services your child is receiving:

Type(s) of Service

Name(s) of Therapists

Phone Numbers

I affirm the completeness and accuracy of the information supplied on this application.

Signature: _____ Date: _____

Imagine Academy does not discriminate on the basis of race, color, religion, gender, ethnic origin, age, disability, or sexual orientation in administration of its educational policies, admission policies, financial assistance, and other school administered programs.