



A

ACADEMIC INFORMATION DO NOT COMPLETE THIS FORM UNLESS ENROLLING IN AN ON-CAMPUS OR ONLINE PROGRAM

List all schools attended from kindergarten to present:

School Name	Grade Levels	Reason Left
School Name	Grade Levels	Reason Left
School Name	Grade Levels	Reason Left

Please list any honors/awards student has received.

Would you describe your student Above Grade Level At Grade Level Below Grade Level

Has student ever been Expelled In School/Out of School Suspension Denied Enrollment? If so, please explain.

Has applicant ever Skipped a grade Repeated a grade? If so, please state circumstances involved.

Does the student (check if yes) Take regular medication Have Learning difficulties Have ADD or ADHD
 Attended special ed. Class Require tutoring If so, please explain.

Briefly describe if the student has any mental, emotional, or physical issues or has the student been affected by moving, illness, divorce, etc. which may affect their progress during the school year.

Is there anything the school should be aware of that will allow us to help the student personally or academically?

B

MEDICAL INFORMATION

Father's Health: Good Fair Poor (explain) _____

Mother's Health: Good Fair Poor (explain) _____

Student's Health: Good Fair Poor (explain) _____

Has the student had any of the following conditions? (check all that apply)

- Chicken Pox Measles Mumps Small Pox Diphtheria
- Seizures/Convulsions Epilepsy Pneumonia Diabetes Whooping Cough
- Tonsillitis Rheumatic Fever Tuberculosis Asthma Cystic Fibrosis
- Arthritis Mono Heart Condition ADD/ADHD Muscular Dystrophy
- Frequent Ear Infections Frequent Headaches Frequent Strep Throat H1N1 Flu Virus Other _____

List any illnesses/conditions or special health problems that are specific to your student and not included above:

Any known allergies (please be specific – medicines, food, insect bites, etc.)

List any specific instructions/procedures that need to be followed for your student's health and safety:

Name of Emergency Contact Person Relationship

Address Street City State Zip

Telephone Home Telephone Work Telephone Cell