

SCHOODIC ACADEMY
STUDENT APPLICATION

Date _____

Parent/Guardian information:

Name: 1. _____ Relationship to child _____

Address: Street _____ Town _____ State/Zip _____

Contact Information: Cell _____ Home _____ Emergency _____

Email Address: _____

Name: 2. _____ Relationship to child _____

Address (if different from above):

Street _____ Town _____ State/Zip _____

Contact (if different from above): Cell _____ Home _____

Emergency _____ Email address _____

Are there any security/custody issues with this child? ___Y ___N

If yes, please explain: _____

Are you currently attending a church? ___Y ___N

If yes, name of church and address _____

Pastor's name _____

Who referred you to Schoodic Academy? _____

Student Information:

Name _____ Gender (M or F) ____ Birthday _____

Grade level _____ Last school attended _____

How long did your child attend this school? _____ years

Other schools attended? _____

Has your child been suspended or expelled from any of these schools? __Y__ N

If yes, please explain: _____

How long has your child been homeschooled? _____

Are there any doctor's diagnosis we should know about? __Y__ N

If yes, please explain: _____

Does this child have any special needs (For example, ADD, Dyslexia,

Aspergers, etc) __Y__ N

If yes, please explain: _____

What is/are your reason(s) for wanting your child to attend Schoodic Academy?
