

Student Application (one per child)

Date Received _____

APPLICANT'S NAME _____

RISING GRADE _____

PREFERRED NAME _____

AGE _____ BIRTH DATE _____

Student lives with Both Parents Mother Father Other, explain _____

Please submit the following with your application:

Most Recent Report Card Most Recent Standardized Testing

Educational History

PRESENT SCHOOL _____

DATES ATTENDED _____

ADDRESS _____

PHONE _____

NAME OF PRIMARY TEACHER _____

Permission to contact? YES NO

PREVIOUS SCHOOL _____

DATES ATTENDED _____

ADDRESS _____

PHONE _____

Has your child been tested for/diagnosed with any learning disabilities or prescribed medication for behavioral reasons? If so, when were they diagnosed and how has it affected their schooling to this point?

Personal History

What are your child's academic interests, abilities, and strengths?

Personal History (continued)

Describe your child's extra-curricular involvements and achievements.

Has the applicant ever repeated a grade or skipped a grade? YES NO

If yes, please explain: _____

Has the applicant ever had discipline or attendance/tardiness problems?

YES NO

If yes, please explain: _____

Has the applicant ever been suspended or expelled? YES NO

If yes, please explain: _____

Has the applicant ever been tested, diagnosed or enrolled in any special education program?

YES NO

If yes, please discuss the results and include a copy of the report: _____

Educational Goals

What are your top two reasons for wanting your child to attend Aberdeen Latin School?

1. _____

2. _____

What are your long-term educational goals for your child?
