



PARENT / GUARDIAN INFORMATION

Father's Name (Dr./Mr.): _____ Mother's Name (Dr./Mrs./Ms.): _____
 Mother's Maiden Name: _____
 Father's Address: _____ Mother's Address: _____
 (if different from student's) (if different from student's)
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Home Phone: (____) _____ Home Phone: (____) _____
 Cell Phone: (____) _____ Cell Phone: (____) _____
 Email: _____ Email: _____
 Father's Profession: _____ Mother's Profession: _____
 Current Employer: _____ Current Employer: _____
 Position/Title: _____ Position/Title: _____
 Father's Business Phone: _____ Mother's Business Phone: _____
 Degree(s): _____ Degree(s): _____
 Institution(s): _____ Institution(s): _____
 Community/Volunteer Affiliations/Skills: _____ Community/Volunteer Affiliations/Skills: _____

 Parents' marital status: _____ Name of stepparent(s): _____
 Student lives with: _____
 To whom should additional reports/documents be sent? _____

EMERGENCY CONTACT PEOPLE (to whom student may be released)

Name: _____ Name: _____
 Relation to student: _____ Relation to student: _____
 Phone: _____ Phone: _____

 Name: _____ Name: _____
 Relation to student: _____ Relation to student: _____
 Phone: _____ Phone: _____

OTHER CHILDREN

Name	Date of Birth	Grade	Current School

INDIVIDUAL HISTORY (Answers Required)

Has your child ever been evaluated for a special needs program? _____ Yes* _____ No
 Has your child ever been placed in a special needs program? _____ Yes _____ No
 If Yes, date of placement: _____ Title of program: _____
 Nature of special needs: _____
 Has your child ever been retained? _____ Yes _____ No If Yes, when? _____
 Has your child ever been suspended from school or subject to other serious discipline? _____ Yes _____ No
 If Yes, please describe the circumstances and the consequences issued by the school. _____

*Psychoeducational or medical evaluation report must be submitted with this application to be reviewed by the Admission Committee.



GENERAL INFORMATION (Answers Required):

What special abilities does your child have (athletic, academic, artistic, musical, etc.)?

Please describe any illnesses, diseases, or disabilities that have affected or may affect your child's health, schoolwork, or participation in any athletic and/or academic program.

DESCRIPTION

Please tell us anything that might help the admissions committee better understand your child:

_____/_____
PLEASE PRINT—name(s) of person(s) completing this form.

_____/_____
Signature of person(s) completing this form.



FOR STUDENTS APPLYING FOR JK AND SK

Write your name and draw a picture of your favorite animal.

FOR STUDENTS APPLYING FOR GRADES 1 & 2

Write your name and write about your favorite pet, friend, or relative.

FOR STUDENTS APPLYING FOR GRADES 3 – 8

Write about one of the topics below:

1. If you could go anywhere in the world, describe where you would go and why you would like to go there.
2. Describe your favorite book or movie. Explain why it is your favorite.
3. What do you want to be when you grow up? Explain why.

FOR STUDENTS APPLYING FOR GRADES 9 – 12

Complete the supplement included in the admissions packet.

Signature of Student

Date

Application is not complete without the non-refundable \$50 application fee.

Academy at the Lakes does not discriminate on the basis of race, color, religion, national or ethnic origin.

Address all correspondence to:

Academy at the Lakes, Admission Office

Mailing Address: 2331 Collier Parkway, Land O' Lakes, FL 34639

Admission Office Phone: (813) 909-7919 Admissions Fax: (813) 949-0563 www.academyatthelakes.org

Location: 2331 Collier Parkway and 2220 Collier Parkway, Land O'Lakes, FL 34639