



Student Application Form
Academic Year: 2017-2018
 2018-2019

For office use only:	
Date Received:	Birth Certificate <input type="checkbox"/>
\$250 Fee Received : <input type="checkbox"/>	Imm. record <input type="checkbox"/>
Information Packet Given <input type="checkbox"/>	
Date Interviewed:	Accepted:
IP forms received:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Application Fee: \$250.00 per student

Student Information	
Student _____ <small>First Middle Last</small>	
Birth Date (yyyy/mm/dd) _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
MCP # _____	Entering Grade _____
Contact Information	
Home Address _____ <small>Street City Postal Code</small>	
Mailing Address: <input type="checkbox"/> Same as above or _____	
Family Information	
Home Phone _____	Primary Email _____
Is English your first language: <input type="checkbox"/> Yes <input type="checkbox"/> No * If No, Please Specify _____	
Mother/Guardian _____	Cell Phone _____
Employer _____	Work phone _____ Email _____
Lives with child: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Father/Guardian _____	Cell Phone _____
Employer _____	Work phone _____ Email _____
Lives with child: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have other children in grades K-12 enrolled elsewhere? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have other children under 5 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	
* Please list below and state what school they attend (if applicable)	
Name _____	Birth Date _____
Name _____	Birth Date _____
Name _____	Birth Date _____
Church Information	
Church attending (If applicable) _____	
Church Address _____	

Anchor Academy



Student Application Form

Academic Year: 2017-2018

2018-2019

Student Name _____

Academic Information

School Last attended (if applicable) _____

Grades completed at the last school listed above _____

*Please include a copy of your child's most recent report card

Have your child ever had any discipline problems at school? Yes No *If yes, please explain:

Are there any special accommodations your child might require? Yes No *If yes, please explain:

Does your child have any learning disabilities? Yes No *If yes, please explain:

Are there any other areas of concern of which we should be aware of? _____

Health Information

Family Physician _____ Phone _____

MCP # _____ Expiry Date _____

Please list any allergies your child may have (please specify any food allergies clearly)

Does your child require any EpiPen or other allergy medication? Yes No

Does your child currently take any medication on a regular basis? Yes No *if yes, please provide details

Are there any other medical conditions we should be aware of? _____

Parents Signature _____ Date _____

Parents Signature _____ Date _____