



# ANCHOR ACADEMY

For office use only:

Date Received:	Birth Certificate <input type="checkbox"/>
\$250 Fee Received : <input type="checkbox"/>	Imm. record <input type="checkbox"/>
Date Interviewed:	Accepted:
Forms received:	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Student Application Form

Application Fee: \$250.00 per student

Student Information	
Student _____ <small style="display: flex; justify-content: space-between; width: 100%;">First Middle Last</small>	
Birth Date (dd/mm/yyyy) _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
MCP # _____	Entering Grade _____
Contact Information	
Home Address _____ <small style="display: flex; justify-content: space-between; width: 100%;">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 _____	

**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

Has 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? \_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact \*When parents/guardians are unavailable**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_  
Street City

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_