



academy for precision learning

...because every child is a highly capable child

The Academy for Precision Learning  
Application for Admission

**2008-2009**

**1. Applicant**

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Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_

Gender: (M) \_\_\_\_\_ (F) \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_

(Cell) \_\_\_\_\_

(Other) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Race: \_\_\_\_\_ Caucasian \_\_\_\_\_ African American \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian \_\_\_\_\_ Other

Has your child received a label or a diagnosis of autism, add/adhd or a related disorder from a physician or other professional? Yes \_\_\_\_\_

No \_\_\_\_\_ What label (s)? \_\_\_\_\_

Current or Previous School \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Other Current care providers (OT, speech, etc): \_\_\_\_\_

2. Parent/Guardian Information

Mother's Name/Legal Guardian: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
(Cell/Other) \_\_\_\_\_  
Email: \_\_\_\_\_

Father's Name/Legal Guardian: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
(Cell/Other) \_\_\_\_\_  
Email: \_\_\_\_\_

Parents' Marital Statue  Married  Separated  Divorced  Single  Widowed

Child Lives with (Check all that apply)  Father  Mother  Other

What talents, resources, interests or professional skills would you, as a parent or guardian, be willing to share with the Academy for Precision Learning community?  
Please describe:

3. Siblings and Extended Family

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

4. Questions and Information about your child

Please describe your child (personality, likes, dislikes, relationships, ability to get along with others, etc)

What are your goals for your child and how do you see APL assisting you in meeting these goals?

Describe your child's level of independence:

What are your child's interests, talents and reinforcers or motivations?

Please describe your child's physical health including any special nutritional needs (special diets or allergies) and any health issues or concerns:

Is there any other information you would like us to know about your child when considering them for admission?

**5. Parent Agreement and Application Signature**

I agree that I have the legal authority to complete this application form and that all of the information I have provided is correct and complete to the best of my knowledge. APL has my consent to contact any of the above referenced people for the purpose of gathering information that would assist in the admissions process.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please send completed application and photo of applicant along with \$100.00 non-refundable application/assessment fee to:

**The Academy for Precision Learning  
c/o Admissions  
P.O. Box 51241  
Seattle, WA 98115**

The Academy for Precision Learning does not discriminate on the basis of race, sex, color, or national and ethnic origin in administration of its educational policies, admissions policies, scholarship programs, and other school-administered programs.

*The Academy for Precision Learning is a 501©(3) non-profit organization*