



academy for precision learning®

providing an exceptional education to extraordinary children

Application for Admission

Date: _____

Desired Academic Year (Please circle one or both):

2016-17

2017-18

1. Applicant Student

Last Name

First Name

Middle Name

Date of Birth

Age

Current Grade

Gender

Ethnicity (please circle all that apply):

Latino

African-American

Native-American

Asian

SE Asian

Pacific Islander

Caucasian/White

Other: _____

Has the applicant student received a label or diagnosis of Autism, ADD/ADHD or a related disorder from a physician or other professional?

YES

NO

If yes, please describe: _____

Current/Previous School: _____

Address: _____

Other current care providers (OT, speech, etc.): _____

2. Parents/Guardians

Parent/Legal Guardian's Name: _____

Relationship to student: _____

Home Address: _____

Phone: (Home) _____
(Cell) _____
(Work) _____

Email: _____

Occupation: _____

Employer: _____

Parent/Legal Guardian's Name: _____

Relationship to student: _____

Home Address: _____

Phone: (Home) _____
(Cell) _____
(Work) _____

Email: _____

Occupation: _____

Employer: _____

Parents'/Guardians' Marital Status: Married Divorced Separated Widowed Single Other

Student's Primary Residence: Mother Father Both Other: _____

What talents, resources, interests or professional skills would the parents/guardians be willing to share with the APL community? Please describe: _____

3. Siblings/Extended Family

Name	Age	Relationship
Name	Age	Relationship
Name	Age	Relationship

Would you be interested in having siblings attend APL? _____

4. Additional Student Information

Please describe the student (personality, likes, dislikes, relationships, ability to get along with others, etc.):

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

Describe the student's level of independence:

What kind of support does the student receive in his/her current educational setting?

What are the student's interests, talents and reinforcers or motivations?

Please describe the student'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/Guardian Agreement & 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:**_____

VQ'UWDO KW'[QWT'CRRNÆ CVIQP :

Dg'uwtg"{qw} cxg'kpenmf gf "cm'qh'vj g'hqmgy kpi <

- completed application**
- photo of applicant**
- \$150.00.'qpg/vko g. non-refundable application fee**

If applicant has a diagnosis and/or IEP or equivalent:

- Eqr { 'qhb qu't gegpv'KGR or equivalent''**
- " **Eqr { 'qhf kci pqum'e't gr qt v**
- Cp { 'qvj gt 'tgrxcpv'f qewo gpvcv'qp '*vj gt cr { 'pqvgu 'vgumpi 't gumnu 'etc.)''**

If applicant is applying to High School:

- " **Unofficial transcript**

**MAIL TO: Academy for Precision Learning
Attn. Admissions
PO Box 51241
Seattle WA 98115**