



academy for precision learning®

providing an exceptional education to extraordinary children

**APPLICATION FOR ADMISSION**

**WHICH ACADEMIC YEAR? (PLEASE CIRCLE ONE OR BOTH)**

**2009/2010**

**2010/2011**

**1. Applicant**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Age : Yrs Mths

Gender: M F

Home Address:

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone Numbers:

Home: \_\_\_\_\_ Other: \_\_\_\_\_

Cell: \_\_\_\_\_

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

Race: (please indicate all that apply)

- Latino/Hispanic
- African-American
- Native American
- Caucasian/Non-Hispanic
- Asian/Pacific Islander
- 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 Labels? \_\_\_\_\_

Current/Previous School: \_\_\_\_\_

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

Other Current Care Providers (OT, Speech, Etc.) \_\_\_\_\_

## 2. Parent/Guardian Information

Mother's Name/Legal Guardian: \_\_\_\_\_

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

Phone: (Home) \_\_\_\_\_  
(Mobile) \_\_\_\_\_  
(Work) \_\_\_\_\_

Father's Name/Legal Guardian: \_\_\_\_\_

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

Phone: (Home) \_\_\_\_\_  
(Mobile) \_\_\_\_\_  
(Work) \_\_\_\_\_

Parents' Marital Status  Single  Separated  Widowed  
 Married  Divorced  Other

Child's Primary Residence (Please check all that apply):  
 Mother  Other  
 Father

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/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?

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

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

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**5. Parent Agreement and 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 Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please send completed application and photo of applicant along with \$150.00 non-refundable application/assessment fee to:

**The Academy for Precision Learning  
c/o Admissions  
5031 University Way NE  
Seattle, WA 98105**

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