



academy for precision learning®

providing an exceptional education to extraordinary children

Application for Admission

Date: _____

Desired Academic Year (Please circle one or both):

2013-14

2014-15

1. Applicant Student

Last Name	First Name	Middle Name
Date of Birth	Age	Current Grade
		Gender

Ethnicity (please circle all that apply):

Latino/Hispanic African-American Native-American
 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

Mother's/Legal Guardian's Name: _____

Home Address: _____

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

Email: _____

Occupation: _____

Employer: _____

Father's/Legal Guardian's Name: _____

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 or guardians, 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

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:** _____

Please send the **completed application, photo of applicant student** and any relevant documentation (IEP, therapy notes, testing results, etc.), along with a one-time **\$150.00 non-refundable application fee** to:

The Academy for Precision Learning
Attn: Admissions
PO Box 51241
Seattle, WA 98115

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