

Attach recent picture of applicant here

Please include your application/testing fee of \$150 with this completed application.

Full Time PK4-8

Homeschool Enrichment K-8



EMERALD HEIGHTS ACADEMY

1420 NW Gilman Blvd., Ste. 2, PMB 2144, Issaquah, WA 98027
425.643.1671 Office ~ 425.643.7850 Fax

SCHOOL APPLICATION

Today's Date: _____

I hereby make application for my daughter { } for grade _____ beginning _____
son { } Academic Year

Student _____ Last First Middle Nickname

Age _____ Birth Date _____ Place of Birth _____

Parent Information Father
Title: (Mr., Dr.) _____ Last/First/M.I.
Address _____
City/State/Zip _____
Home Phone (____) _____ Work (____) _____
Cell Phone (____) _____
E-mail Address _____
Employer _____
Religion _____
Parish _____
U.S. Citizen Yes No

Parent Information Mother
Title: (Mrs., Ms., Dr.) _____
Address _____
City/State/Zip _____
Home Phone (____) _____ Work (____) _____
Cell Phone (____) _____
E-mail Address _____
Employer _____
Religion _____
Parish _____
U.S. Citizen Yes No

Marital Status: ___Married ___Separated ___Divorced ___Remarried Annulment: Yes/No

Applicant's Last Name _____ **First Name** _____

Applicant lives with: ___Parents ___Mother ___Father Other_____

Legal custody: ___Parents ___Mother ___Father Other_____

Adopted: ___Date ___Age when adopted

Race/Ethnic Group: ___Caucasian ___Black ___Hispanic ___Asian/Pacific Islander ___American Indian ___Other

First Language: ___English ___Spanish ___French Other_____

Spoken at Home: ___English ___Spanish ___French Other_____

Religion: ___Catholic Other_____

Baptized: ___Yes ___No Date:_____ Church_____

Religion Baptized in _____ City/State_____

Reconciliation: ___Yes ___No Date:_____ Church_____
City/State_____

First Communion: ___Yes ___No Date:_____ Church_____
City/State_____

Confirmation: ___Yes ___No Date:_____ Church_____
City/State_____

How did you learn about Emerald Heights Academy?

Emerald Heights Academy is able to offer limited tuition assistance to those **full-time** students whose family demonstrates need. The school subscribes to the School and Students Services for Financial Aid. Instructions for applying for tuition assistance can be located in our school office. Notification of decisions on admission applications and tuition assistance will be mailed simultaneously.

Upon acceptance, would tuition assistance be required to meet tuition payments? ___Yes ___No

Names/Ages/School of all children in family:

Name (First/Last):	Age & Birth date (Month/Year)	Current School:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list all schools attended by the applicant, beginning with current school:

Name of School:	Address/City/State/Zip:	Grades Attended:	Reason for leaving:

Applicant's Last Name _____ First Name _____

MEDICAL INFORMATION

Does your child take any medication on a regular basis? _____ Yes _____ No

If yes, please list medication(s), dosage, times given _____

Does your child have any health problems: (For example: allergies to foods, medicine, or bee stings: diabetes, asthma, epilepsy, seizures, etc.)

If yes, please explain: _____

Has your child taken Ritalin or any other similar medication? _____ Yes _____ No

Medication _____

Is there any condition that would prevent the applicant from full participation in a physical education program? Please explain:

Are there any situations or pertinent information (such as an IEP), which we should know in order to further understand your child? Please explain:

Doctor's Name _____

Phone (____)____ - _____

Dentist's Name _____

Phone (____)____ - _____

Emergency Contact #1 _____

Phone (____)____ - _____

Emergency Contact #2 _____

Phone (____)____ - _____

SPECIAL TESTING AND INFORMATION

IF CHECKED ANY OF THE BELOW, PLEASE PROVIDE COPIES OF TEST/REPORTS TO EMERALD HEIGHTS ACADEMY WITH YOUR COMPLETED APPLICATION MATERIALS.

My child has been tested for:

_____ Giftedness

_____ Learning Disabilities

_____ Behavioral Difficulties

_____ Speech and Language Delay/Difficulties

_____ Attention Deficit Disorder: Place/Date _____

_____ Hyperactivity: Place/Date _____

_____ My child has not received any special testing

My child has been in special programs for:

_____ Gifted and Talented

_____ Children with Learning Disabilities

_____ Children with Behavioral Difficulties

_____ Speech and Language Remediation

_____ Attention Deficit Disorder/Hyperactivity: Where _____

_____ My child has not been in any special programs

My child has had remedial help in:

_____ Mathematics

_____ Reading

_____ Other Subject(s) _____

Where: _____

_____ My child has had no remedial help

To help us keep all information current, please notify the school when any information needs to be updated.

Applicant's Last Name _____ **First Name** _____

PARENT QUESTIONNAIRE

What would you say are your child's main qualities, strengths, or talents? (academically, socially, physically, and/or morally)

Is there any physical condition that would prevent the applicant from full participation in physical education or recess programs?

Has the applicant ever been referred for professional, psychological, or personal counseling?

Based on your knowledge of Emerald Heights Academy and our philosophy "To Teach, To Educate, To Form"; why are you seeking to educate your child here?

What do you expect from Emerald Heights Academy's faculty/staff?

What can Emerald Heights Academy expect from you/your family in the areas of contributing your time/talents/financial help?

Television viewing can strongly influence a child's formation. Do you monitor your child's viewing of television programs? Explain:

What activities do you enjoy or do regularly as a family?

I hereby certify that all information on this application, and all information requested by Emerald Heights Academy in connection with this application, for which I am responsible, is complete and accurate, and I understand that falsification or omission of information may result in disqualification or dismissal. I agree that information submitted by third parties in connection with this application can be held AND maintained in confidence by Emerald Heights Academy. Requests for any information provided to Emerald Heights Academy as part of this application must be made directly to the third party who supplied that information.

Parent (or guardian) Signature:

Date

Parent (or guardian) Signature:

Date