



a learning path for unique minds

**Academe! Enrollment Application
(2024-2025 SY)**

Today's Date: _____ Student Status (circle): New Returning

Student Information

Full Name: _____ DOB: _____

Address: _____

Caregiver Information

Name: _____ Phone: _____

Address: _____ Email: _____

Name: _____ Phone: _____

Address: _____ Email: _____

Educational History (New Students Only)

Most Recent School Attended: _____

Years of attendance: _____ Last or current grade level: _____

IEP/504 Plan (circle): Yes No Matrix Score, if known: _____

What are your child's learning/classroom strengths and academic challenges?

Medical History

Physician: _____ Phone: _____

Health Insurance: _____ Policy #: _____

Allergies: _____

Other Health Information: _____

Active Medications:

Name of Medication	Date Prescribed	Prescribed By	Dosage Instructions

Is your child currently in therapies (circle): Yes No

If yes, what therapies? _____

If yes, where? _____

Scholarship and Payment Information

How do you plan to pay tuition? _____
(State scholarship or self-pay)

Step Up for Students/AAA Enrollment ID#: _____

Emergency Contact Information

Emergency Contacts (3 Required):

Name: _____ Relationship: _____

Contact Phone: _____ Authorized for Pick-Up (circle): Yes No

Name: _____ Relationship: _____

Contact Phone: _____ Authorized for Pick-Up (circle): Yes No

Name: _____ Relationship: _____

Contact Phone: _____ Authorized for Pick-Up (circle): Yes No

Application Checklist

Have you completed and included the following?

- Signed Release of Information Form
- Signed Parent Contract Form
- Signed Authorization for Video and Photography Form
- Signed Authorization for First Aid and Over The Counter Pain Control Form
- Signed Therapy Policy Form
- Signed Pick-Up/Drop-Off Form
- \$200 Registration Fee (New & Returning)
- \$175 Curriculum/Supply Fee (New & Returning)
- School Physical Form (Form DH 3040)
- Immunization record or waiver (Form DH 680)

Parent/Guardian Signature

Date

Printed Name

Relationship