

APPLICATION FOR ADMISSION | 2017-2018

Date _____

ENROLLING FOR: **FALL 2017** _____ **SPRING 2018** _____

STUDENT INFORMATION:

information sur les étudiants / información del estudiante

Last Name: _____ First: _____ Middle: _____

Preferred Name/Nickname: _____ Date of Birth: ____/____/____ Gender: M F

Race: American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Ethnicity: Hispanic or Latino Not Hispanic or Latino Biracial Multiracial Other (please specify) _____

Primary Language spoken at home: _____ Primary language spoken by child (if different) _____

New Immigrant Country of Origin _____ If new immigrant, what year did you move to the United States? _____

Child lives with: both parents father mother other (specify) _____

Educational Background:

Grade entering The Freedom School _____ Last grade completed _____ Neighborhood Elementary School _____

Schools previously attended:

School Name	State/ZIP	Phone	Grades Completed There/Year
_____	_____	_____	_____
_____	_____	_____	_____

Has your child ever been evaluated by Special School District? Yes ___ No ___ Did the evaluation result in your child receiving services? Yes ___ No ___

Does your child have a current: IEP? ISP? If so, please include a copy of the most current evaluation report with the admission packet.

Has your child ever been suspended? Yes ___ No ___ How many times? _____ Has your child ever been expelled? Yes ___ No ___

Has your child ever been retained? Yes ___ No ___ What grade? _____ Reason for the retention? _____

Medical Background:

Does your child have any serious food allergies? Yes No If yes, please provide documentation from their physician after admission to the school.

Does your child have any physical limitations that would prevent them from fully participating in school activities? Yes No If yes, please explain: _____

Does your child have any medical conditions that would require care during school hours? Yes No If yes, please explain: _____

Note: for medical conditions that require medication/treatment during school hours, please provide documentation and treatment plan from your physician

Why have you chosen The Freedom School for your child / Pourquoi avez-vous choisi l'école de la liberté pour votre enfant / ¿Por qué has elegido la Escuela Libertad para su hijo?

How did you hear about The Freedom School? New City Fellowship TFS Family Relative Friend Community Website Other