

Ambassador Academy - Application for Admission

Date _____ School Term _____ Grade Entering _____

Name of Child _____
Last First Middle

Birth Date _____ Male _____ Female _____

Child lives with: Both Parents _____ Mother _____ Father _____ *Other _____

Child's Home Address: _____

City/State/Zip _____

Parent/Guardian Email Address: _____

Father's Name _____ Mother's Name _____

Phone Numbers: (H) _____ Phone Numbers: (H) _____

(W) _____ (C) _____ (W) _____ (C) _____

Employed by _____ Employed by _____

Home Address (if different from child): _____ Home Address (if different from child): _____

*If other than parents - Relationship to Child _____

Name: _____ Employed by _____

Phone Numbers: (H) _____ (W) _____ (C) _____

Address (if different from child): _____

Please list the schools and grades your child has attended (if any)	
_____	Grade _____
_____	Grade _____
_____	Grade _____

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Why would you like your child to be enrolled at Ambassador Academy?

Does your child have any special academic needs? Yes_____ No_____ If yes, please explain.

Does your child have any emotional or behavioral needs that would require addressing? Yes_____ No_____ If yes, please explain below.

Does your child have any physical or health concerns that would require attention or awareness from someone on staff? Yes_____ No_____ If yes, please explain below.

Are there any thoughts or concerns you would like to share with us? Please write them below.

Please share how you heard about Ambassador Academy.