

Einstein Academy

Application for admission

Date of Application _____ Grade 1-8: Please state grade applying for _____

Applicant's name: First _____ Middle _____ Last _____

Date of birth _____ Gender M/F _____ 

Address _____

City _____ Zip _____

Present or last school _____

Place of Birth _____

Mother _____

Address _____

City _____ Zip _____ Phone _____

Email _____

Father _____

Address _____

City _____ Zip _____ Phone _____

Email _____

Check all that apply

Student lives with ___ Father ___ Mother ___ Stepfather ___ Stepmother ___ Grandparents ___

Legal Guardian (see below) ___ Other ___

Legal Guardian: _____
Name Relationship to applicant

Address _____

City _____ Zip _____ Phone _____

Other Children in Family _____

How did you hear about Einstein Academy? _____

Has the applicant had educational, neurological, or psychological evaluations? Yes _____ No _____

If yes, when? _____

Primary Diagnosis (s) _____

Copy of Evaluations required.

IEP/504 Yes _____ No _____ Up to date? Yes _____ No _____ **Copy Required**

Does the applicant have any medical condition that the school should be aware of? _____

If yes, please explain. _____

Please feel free to use the back of this form or other media to answer the following questions:

- List student hobbies, activities.
- What are your expectations of Einstein Academy?

Einstein Academy Admissions does not discriminate based on race, color, religion, gender, or national origin.

Inaccurate or misleading information provided by the applicant or guardian on this form or at any time during the admissions process may result in denial of acceptance.

Signature of parent or guardian

Date