

# ADMISSIONS APPLICATION



THE ACADEMY  
of  
ARTS & SCIENCES

## STUDENT INFORMATION

Date of Application: \_\_\_\_\_ Applying to \_\_\_\_\_ Grade in \_\_\_\_\_

Full Name: \_\_\_\_\_  
First Middle Last

Nickname, if preferred: \_\_\_\_\_ Sex: M / F \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Applicant Social Security # \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
City County State

## EDUCATION

Present school: \_\_\_\_\_ Date entered: \_\_\_\_\_

School Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Head of School: \_\_\_\_\_

List Other Schools Attended:

School Name/Location: \_\_\_\_\_ Dates attended: \_\_\_\_\_

School Name/Location: \_\_\_\_\_ Dates attended: \_\_\_\_\_

Will Financial Assistance be requested?  Yes  No

*If yes, please contact the Admissions Director for an application. Application should be filed before September.*

## ADDITIONAL INFORMATION

In order for us to get to know your child better, we ask that you respond to the following questions as candidly and completely as you can. We appreciate your time and care in completing this section.

1. What adjectives or phrases come to mind in describing your child?

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2. For applicants to grades Pre-K through 6, please indicate the after-school activities your child most enjoys.

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3. What do you consider your child's academic and personal strengths?

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4. Has additional testing or tutoring been indicated for your child at any point in school?  Yes  No  
If so, at what grade level and in what subject areas?

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5. Please note any academic and or social concerns for your child that we should be aware of.

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6. Please explain any special medical attention that your child has received or is receiving from a medical professional.

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7. Has your child been referred for psychological or educational assessment?  Yes  No  
If yes, please describe.

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8. Describe your hopes from The Academy of Arts and Sciences for your child.

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### **PARENT AND FAMILY INFORMATION**

Mr. / Mrs. / Dr. \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street City State Zip Code

Ms. / Mrs. / Dr. \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street City State Zip Code

Student resides with:  Both Parents  Father  Mother  Guardian

To whom should The Academy of Arts and Sciences correspondence be sent?

Both Parents  Father  Mother  Guardian

### **Father or Male Guardian Information**

Mr. / Dr. \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street City State Zip Code

Home phone: \_\_\_\_\_ Home fax: \_\_\_\_\_ Home e-mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work phone: \_\_\_\_\_ Work fax: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work e-mail: \_\_\_\_\_

**Mother or Female Guardian Information**

Ms. / Mrs. / Dr. \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street City State Zip Code

Home phone: \_\_\_\_\_ Home fax: \_\_\_\_\_ Home e-mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work phone: \_\_\_\_\_ Work fax: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work e-mail: \_\_\_\_\_

Are the rights of either parent restricted by court order?  Yes  No (Documentation may be required)

Who is financially obligated for tuition and fees? \_\_\_\_\_

**Sibling Information**

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Current School: \_\_\_\_\_

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Current School: \_\_\_\_\_

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Current School: \_\_\_\_\_

Names and relationships of relatives who have attended or are attending The Academy of Arts and Sciences:  
\_\_\_\_\_

Heard about the Academy through:  Parent of a student  alumna  newspaper  website  other: \_\_\_\_\_

Signature of Parent / Guardian \_\_\_\_\_ Date: \_\_\_\_\_

*The Academy of Arts and Sciences admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.*

***Along with pages 1 through 3 of the Admission Application, please attach:***

- The \$100.00 non-refundable application fee  
(Checks made payable to *The Academy of Arts and Sciences*)
- Copy of applicant birth certificate
- Recent photo of applicant (optional, but helpful)

**Send applications to:**  
***The Academy of Arts and Sciences***  
**Admissions Office**  
**6900 Highway 59**  
**Gulf Shores, AL 36542**