

AMERICAN HERITAGE ACADEMY APPLICATION FOR ADMISSION

Applicant's Full Name: _____
First Middle Last

Name Used: _____ Date of Birth: _____ Date of Application: _____

Applying for Grade (check one): Pre-K 3 Pre-K 4 Kindergarten First Grade Second Grade Third Grade
 Fourth Grade Fifth Grade Sixth Grade Seventh Grade Eighth Grade Ninth Grade Tenth Grade
 Eleventh Grade Twelfth Grade

Applying for School Year (check one): 2009-2010 2010-2011 2011-2012 2012-2013 2013-2014

Applicant's Gender (check one): Male Female Applicant's Social Security # _____
(Attach a copy of the applicant's Social Security Card)

Applicant's Ethnicity (check one): Caucasian African American Middle Eastern Latino/Hispanic
 Asian American Indian Pacific Islander Other _____

(Ethnicity information is voluntary and refusal to provide it will not subject you to any adverse treatment. It will be confidential and used only in accordance with Title III of the Civil Rights Act of 1964.)

Correspondence should be directed to _____
Circle One: (Mr. & Mrs., Dr. & Mrs., Drs., Mr. & Dr., Mr. Only, Mrs. Only, Ms. Only)

Address _____

City State Zip Code County Home Telephone (____) _____

If divorced/separated, correspondence should also be directed to _____
Circle One: (Mr. & Mrs., Dr. & Mrs., Drs., Mr. & Dr., Mr. Only, Mrs. Only, Ms. Only)

Address _____

City State Zip Code County Home Telephone (____) _____

Father's Full Name: _____ Name Used: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____
(required)

Employer: _____ Specific Job Title _____ Telephone: _____

Business Address: _____

Mother's Full Name: _____ Name Used: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____
(required)

Employer: _____

Employer: _____ Specific Job Title _____ Telephone: _____

Business Address: _____

Family Status (Check All That Apply): Single Married Divorced StepParents Widow/Widower Other

If Other is checked, please explain: _____

If divorced, separated or other is checked, who has legal custody? _____
A copy of current court documents establishing custody, visitation, and other rights related to your child must be submitted in order to complete the admission process.

The applicant is living with: _____

Applicant's Name: _____

Place of Birth: _____
(Attach a copy of the applicant's birth certificate.)

Height: _____

Weight: _____

Current Grade: _____ Current School: _____
School name Phone Number

Address of Current School: _____
Street City State Zip Code

Current Teacher(s): _____

Previous School(s) Attended (Include name, address and phone number for each):

Siblings	Age	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please include other information you think is important for the administration and/or teachers of AMERICAN HERITAGE ACADEMY to know concerning the applicant's family:

How did you learn about AMERICAN HERITAGE ACADEMY? (Examples: website, current AHA family, advertisement, realtor, etc.) Please be specific.

If referred, please list the referring family(ies). Please be specific. _____

Applicant's Extracurricular Activities: _____

Applicant's Special Interests: _____

Other information you would like AMERICAN HERITAGE ACADEMY to know about the applicant (e.g. religious affiliation, dietary practices or requests, and special observances):

Applicant's Name: _____

Has the applicant ever (check all that apply):

- Been suspended? Yes No
- Been dismissed/expelled? Yes No
- Been asked to withdraw? Yes No
- Been diagnosed and/or received special programs or services related to behavior? Yes No
- Been diagnosed and/or received special programs or services related to a disability? Yes No
- Been diagnosed and/or taken medication for ADHD or ADD? Yes No
- Been diagnosed and/or received services for speech and/or language difficulties? Yes No

If "yes" is checked for any of the above items, please explain/describe. _____

If "yes" is checked for any of the above items, a copy of all Individualized Education Programs, psychological reports, educational diagnostic and testing reports, and any other documentation related to the statements listed above must be included with this application to complete the review process.

Health History (Answer Yes or No and give more information as necessary)

	YES	NO	Medication	Dosage	Side Effects		YES	NO	Medication	Dosage	Side Effects
Asthma						Manic Depressions					
Asperger's Syndrome						Multiple Sclerosis					
Autism						Obsessive Compulsive					
Behavior Disorder						Other Blood Disorders					
Cancer						Physical Handicaps					
Cystic Fibrosis						Seizure Disorder					
Diabetes						Sickle Cell Disease					
Hemophilia						Sensory Integration/ Defensiveness					

Hearing Loss? Yes No If yes, attach medical report

Visions Loss? Yes No If yes, attach medical report.

List other Physical or Mental Health issues which may be a concern at school:

Please check all Childhood Disease that apply:

- Yes No Chicken Pox
- Yes No Mumps
- Yes No Measles
- Yes No Scarlet Fever
- Yes No Scarletina
- Yes No Rubella
- Yes No Hand, Foot & Mouth
- Yes No Fifts Disease
- Yes No Whooping Cough

Allergies: _____

Applicant's Name: _____

1. Please List *ALL* Medical Diagnosis/Conditions Pertaining to the Applicant: _____

2. Does this applicant have any diet restrictions? If yes, please explain in detail and attach a copy of the physicians' report.

3. Is this applicant on any prescribed medications beyond those noted under allergies? _____
If yes, please specify conditions, drugs prescribed and dosages:

How long have the above medication been administered? _____

4. Has this applicant experience any major health problems? Hospitalizations? Surgeries? (please list dates)

5. Are there any special precautions to be taken with this student? Please be specific and detailed in description.
Attach additional pages as needed.

6. Does this applicant require special seating in the classroom? _____ Please specify:

7. List any condition that would limit this applicant's physical education activities? _____

8. Please list any other information that would be helpful for us to know concerning this applicant: _____

Applicant's Physician _____

Physician's Phone _____

Physician's Full Address: _____

NONDISCRIMINATION ENROLLMENT POLICY

AMERICAN HERITAGE ACADEMY admits students of any race, color, national and ethnic origin, and religious affiliation to all rights, privileges, programs, and activities generally accorded or made available to students at the school. Students are admitted based on the completed application, standardized tests, school reports, transcripts, observations, and teacher recommendations. AMERICAN HERITAGE ACADEMY does not discriminate on the basis of race, color, national and ethnic origins, or religious affiliation in the administration of any of its educational policies, activities, athletics, and other school administered programs.

CONDITIONS AND TERMS OF ADMISSION

- A \$75 non-refundable application fee and \$250 tuition deposit must accompany each Application for Admission and must be submitted prior to testing. The tuition deposit is returned if the applicant is not accepted for enrollment or if the parent rejects the acceptance and notifies the school in writing within the fourteen-day period following notification of acceptance. Notifications will be mailed. Upon acceptance, the *Enrollment and Financial Agreement* will be executed specifying all terms and conditions of enrollment.
- In order to assure that a place is reserved for the 2009-2010 school year, parents will have fourteen-days from the notification date to complete the enrollment process. Please contact the Business Office to arrange an appointment to complete the *Enrollment and Financial Agreement*. If the enrollment process is not completed within the fourteen-day period, the \$250 tuition deposit will be deemed non-refundable.
- AMERICAN HERITAGE ACADEMY will offer classes in grades most needed by the community. Minimum enrollment requirements must be met. In the unlikely event the applicant is accepted for enrollment but more classes in the applicant's grade are not available, all fees will be returned.
- The Application for Admission will not be considered complete until all information is completed and/or received by AMERICAN HERITAGE ACADEMY.
- In addition to the criteria used by the Admissions Committee, acceptance of any applicant for enrollment in AMERICAN HERITAGE ACADEMY is contingent upon successful completion of the applicant's current grade.
- AMERICAN HERITAGE ACADEMY obligates for salaries, supplies, and maintenance on an annual basis. Upon acceptance and completion of the applicant's *Enrollment and Financial Agreement*, parents have the financial obligation for full tuition, whether or not the student begins or completes the school year. A Tuition Refund Program is available from the Business Office. The Refund Program is the only avenue for recovering a portion of tuition costs if for any reason the student is not enrolled at the school after the school year starts.
- AMERICAN HERITAGE ACADEMY reserves the right to determine placement of the applicant in the grade level judged most appropriate by the Admissions Committee. AMERICAN HERITAGE reserves the right to determine placement and/or retention of the underage or underachieving students.

As parents/guardians of this applicant, we attest that all the information contained in this application is true and accurate to the best of our knowledge. If our child is accepted to AMERICAN HERITAGE ACADEMY, we grant the school officials permission to secure necessary medical attention for the above-named applicant in case of an emergency or in our absence.

Date: _____

X

Parent Signature

X

Parent Signature