



Please insert a picture of either your family or your child.

Elite Scholars STEAM Academy

Enrollment Form

Student Information

Child's Full Name: _____

Child's DOB: _____ Place of Birth: _____ Gender: _____ SSN: _____ Current Grade: _____

Previous School's Name/District _____

Child's Full Name: _____

Child's DOB: _____ Place of Birth: _____ Gender: _____ SSN: _____ Current Grade: _____

Previous School's Name/District _____

Child's Full Name: _____

Child's DOB: _____ Place of Birth: _____ Gender: _____ SSN: _____ Current Grade: _____

Previous School's Name/District _____

Family Information

Father/Guardian Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Type: _____ Secondary Phone: _____ Type: _____

Email: _____

Employer: _____ Occupation: _____

Employer Address: _____ City: _____ State: _____ Zip: _____

Check all that apply:

Legal custody Receives mailing Married Divorced Separated Widowed Single Step Parent

Mother/Guardian Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Type: _____ Secondary Phone: _____ Type: _____

Email: _____

Employer: _____ Occupation: _____

Employer Address: _____ City: _____ State: _____ Zip: _____

Check all that apply:

Legal custody Receives mailing Married Divorced Separated Widowed Single Step Parent

Phone types: H=Home, C=Cell, W=Work

Please list the parent(s), guardian(s), or others with whom the applicant lives, and the relationship to the applicant:

_____	_____
_____	_____
_____	_____

Other children in the family (name, DOB, present school, grade)

Is a language other than English spoken in the home? Yes No If yes which language(s): _____

Is the applicant bilingual? Yes No

Emergency Contacts

1) Name: _____

Relationship: _____ Phone: _____

1) Name: _____

Relationship: _____ Phone: _____

Please list the names and numbers of any people authorized to pick up your child(ren) besides Parents/Legal Guardians:
(ONLY IF DIFFERENT FROM THE EMERGENCY CONTACTS)

1. _____ Phone # _____

2. _____ Phone # _____

3. _____ Phone # _____

Scholastic Information:

Please provide a few phrases or words you feel describe your child(ren):

Please comment on your child(ren)'s school experience and setting:

What activities do you share as a family?

If there are circumstances which have affected or might affect your child(ren)'s school performance, please explain below. For example: skipping or repeating a grade, specific learning style, frequent changes of school, loss of significant person through death or divorce, serious illness in the family, reconfiguration of the family unit etc.

What do you wish your child(ren) to gain at Elite Scholars STEAM Academy?

Please provide any further information which will help us understand your child and meet his or her needs. Include information regarding test results if applicable.

Name and address of parent/guardian to whom school reports should be sent:

First	M. I.	Last		
Address	City	State	Zip	

Name and address of parent/guardian to whom bills should be sent:

First	M. I.	Last		
Address	City	State	Zip	

Has the applicant had friends or relatives who attended Elite Scholars STEAM Academy? Yes No

If yes, please include name relationship and year of attendance. _____

Would you like to be considered for Elite Scholars STEAM Academy's Tuition Assistance (TA) Program? Yes No

Please return this application accompanied by the \$75 application fee to Elite Scholars STEAM Academy. This is a non-refundable application fee.

Signature Father/Guardian #1 _____ Date: _____

Signature Mother/Guardian #2 _____ Date: _____

