

A Remarkable Experience.

SHREINER ACADEMY

_____ Date of application

_____ Expected enrollment date _____ Grade applying for

_____ Child's Name _____ Nickname

_____ Male/Female _____ Date of Birth _____ Age _____ Social Security Number

Child's Residence:

_____ Street

_____ City _____ State _____ Zip

_____ Child's Home Phone Number

Father:

Mother:

_____ Mr. Dr. Other

_____ Mrs. Ms. Miss Dr. Other

_____ Home Address

_____ Home Address

_____ City _____ State _____ Zip

_____ City _____ State _____ Zip

_____ Home Phone _____ Cell Phone

_____ Home Phone _____ Cell Phone

_____ Employer

_____ Employer

_____ Business Address

_____ Business Address

_____ City _____ State _____ Zip

_____ City _____ State _____ Zip

_____ Business Phone

_____ Business Phone

Child's parents are:

_____ Married _____ Separated _____ Divorced _____ Father Deceased _____ Mother Deceased

_____ Single Parent _____ Other _____

Does the child live with both parents? _____ Yes _____ No

If not, please provide full name of parent or guardian with whom the child resides:



Educational History

Current grade

School last attended

Has student repeated grade? If yes, which grade.

What are the student's academic strengths?

In what academic area(s) does the student have the greatest difficulty?

Has the student used the services of a tutor, psychologist, therapist or psychologist?

If yes, please share the information to better understand your child's needs.

Medical

Please list any medical conditions or concerns

Has your child been diagnosed with ADD/ADHD? Yes No

Other



Behaviors and Strengths

What are your child's strengths? (social interactions, hobbies, sports, etc.)

What does your child enjoy doing the most?

What does your child enjoy doing the least?

Does your child prefer to play:

Groups With one or two friends Alone

How does your child get along with his/her peers?

How does your child get along with adults?

How did you hear about Shreiner Academy?

Parent Signature

Date

