



Excelsior Academy

ADMISSION INFORMATION

Building confidence and character in a supportive learning environment.

<i>Prospective Student Information</i>	<i>Current School Information</i>
Today's Date: ____/____/____	H.S Graduation Year: _____
Student	Current School
First: _____ Last: _____	Name: _____
Nickname: _____	GR: _____ School #: () -
DOB: ____/____/____ Age: _____	School Address: _____
Adopted: <input type="checkbox"/> Y <input type="checkbox"/> N Sibling(s) <input type="checkbox"/> Y <input type="checkbox"/> N	Do you have NPS placement ? <input type="checkbox"/> Y <input type="checkbox"/> N
Sibling Name (s) _____ Age (s) _____	
1. _____	
2. _____	Are you currently working with an Advocate ? _____

Student's Academic History

Excelsior Academy is a school designed to meet the needs of a wide variety of learning styles. In a few words, please describe your child's Unique Profile?

What are your child's strengths?

What are you looking for in a school?

Any Medical Conditions?

What are your child's interests, hobbies, or talents ?

Does your child have an Individualized Educational Plan (IEP)? Y N

Does your child receive any additional services? Speech OT PT Counseling Other: _____

<i>Parent(s) # 1</i>	<i>Parent(s) # 2</i>
Name: _____	Name: _____
Address: _____	Address: _____
Email: _____	Email: _____
Phone Number(s) _____	Phone Number(s) _____
Cell: _____	Cell: _____
Home: _____	Home: _____
Work: _____	Work: _____