



academy for precision learning®

providing an exceptional education to extraordinary children

**Application for Admission**

Date: \_\_\_\_\_

Desired Academic Year (Please circle one or both):

**2018-19**

**2019-20**

**1. Applicant Student**

Last Name

First Name

Middle Name

Date of Birth

Age

Current Grade

Gender

**Ethnicity** (please circle all that apply):

Latino

African-American

Native-American

Asian

SE Asian

Pacific Islander

Caucasian/White

Other: \_\_\_\_\_

**Has the applicant student received a label or diagnosis of Autism, ADD/ADHD or a related disorder from a physician or other professional?**

YES

NO

If yes, please describe: \_\_\_\_\_

**Current/Previous School:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

District: \_\_\_\_\_

**Other current care providers (OT, speech, etc.):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 2. Parents/Guardians

Parent/Legal Guardian's Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (Home) \_\_\_\_\_  
(Cell) \_\_\_\_\_  
(Work) \_\_\_\_\_

Email: \_\_\_\_\_

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

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

Parent/Legal Guardian's Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (Home) \_\_\_\_\_  
(Cell) \_\_\_\_\_  
(Work) \_\_\_\_\_

Email: \_\_\_\_\_

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

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

Parents'/Guardians' Marital Status: Married Divorced Separated Widowed Single Other

Student's Primary Residence: Mother Father Both Other: \_\_\_\_\_

What talents, resources, interests or professional skills would the parents/guardians be willing to share with the APL community? Please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 3. Siblings/Extended Family

Name	Age	Relationship
Name	Age	Relationship
Name	Age	Relationship

Would you be interested in having siblings attend APL? \_\_\_\_\_

### 4. Additional Student Information

Please describe the student (personality, likes, dislikes, relationships, ability to get along with others, etc.):

---

---

---

What are your goals for the student and how do you see APL assisting you in meeting these goals?

---

---

---

Describe the student's level of independence:

---

---

---

What kind of support does the student receive in his/her current educational setting?

---

---

---

What are the student's interests, talents and reinforcers or motivations?

---

---

---

Please describe the student's physical health, including any special nutritional needs, (special diets or allergies), and any health issues or concerns:

---

---

Is there any other information you would like us to know about your child when considering them for admission?

---

---

---

---

**5. Parent/Guardian Agreement & Signature**

I agree that I have the legal authority to complete this application form and that all of the information I have provided is correct and complete to the best of my knowledge. APL has my consent to contact any of the above-referenced people for the purpose of gathering information that would assist in the admissions process.

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

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

**VQ'UWDO KW'[ QWT'CRRNÆ CVIQP :**

Dg'uwg"{qw} cxg'kpenf gf "cm'qh'vj g'hqmgy kpi <

- completed application**
- photo of applicant**
- \$150.00'qpg vko g. non-refundable application fee**

If applicant has a diagnosis and/or IEP or equivalent:

- Eqr { 'qhb qu't gegpv'KGR or equivalent''**
- "  **Eqr { 'qhf kci pqwe't gr qt v**
- Cp { 'qvj gt 'tgrxcpvf qewo gpvcvqp '\*evaluations, 'vgv'kpi 't gumnu 'etc.)''**

If applicant is applying to High School:

- "  **Unofficial transcript**

**MAIL TO: Academy for Precision Learning  
Attn. Admissions  
PO Box 51241  
Seattle WA 98115**