



5031 University Way NE
Seattle, WA 98105

PO Box 51241
Seattle, WA 98115

206-427-0115

www.aplschool.org

admissions@aplschool.org

AcademyforPrecisionLearning

Application Form

Desired Academic Year:

2019-20 2020-21

1. Applicant Student

Last Name		First Name		Middle Name
Date of Birth	Age	Current Grade	Gender	
Ethnicity (please circle all the apply)				
<input type="checkbox"/> Latino	<input type="checkbox"/> African-American	<input type="checkbox"/> Native American	<input type="checkbox"/> Asian	
<input type="checkbox"/> SE Asian	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> Other: _____	
Has the applicant student received a label or diagnosis of Autism or a related disorder from a physician or other professional?				
<input type="checkbox"/> Yes	If yes, please describe: _____			
<input type="checkbox"/> No	_____			
List any other diagnosis: _____				
Current/Previous School			District	
School Address				
Other Current Care Providers (ABA, Speech, etc.)				

2. Siblings/Extended Family

Full Name	Age	Relationship
Full Name	Age	Relationship
Full Name	Age	Relationship
Would you be interested in having siblings attend APL?		
<input type="checkbox"/> Yes	If yes, please describe: _____	
<input type="checkbox"/> No	_____	



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3. Parents/Legal Guardians

Last Name		First Name		Relationship to Student
Date of Birth	Occupation		Employer	
Phone- Home		Phone- Work		Phone- Cell
Address				
Email				

Last Name		First Name		Relationship to Student
Date of Birth	Occupation		Employer	
Phone- Home		Phone- Work		Phone- Cell
Address				
Email				

Parents'/Guardians' Marital Status

Married
 Separated
 Single
 Other: _____
 Divorced
 Widowed
 Registered Domestic Partnership

Student's Primary Residence

Mother
 Both
 If other, please describe: _____
 Father
 Other

Parents'/Guardians' Insurance Provider (all providers with which the child is included in the policy)

Premera Plan Subscriber: _____
 Regence Plan Subscriber: _____
 Microsoft Plan Subscriber: _____
 Amazon Plan Subscriber: _____
 If other, please describe: _____

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



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4. Additional 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:



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5. Parent/Guardian Agreement & Signature

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

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 Name (printed): _____ **Date:** _____

Parent /Guardian Signature: _____ **Date:** _____

Parent/Guardian Name (printed): _____ **Date:** _____

Parent /Guardian Signature: _____ **Date:** _____

TO SUBMIT YOUR APPLICATION

Required Documents:

- Completed application Photo of applicant \$150.00 one-time, non-refundable application fee

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

- Copy of most recent IEP or equivalent Copy of diagnostic evaluation report Any other relevant documentation (BIP, evaluations, testing results, reports from other providers, etc.)

If applicant is applying to High School:

- Unofficial Transcript

Mail completed application to:

**Academy for Precision Learning
Attn: Admissions
PO Box 51241
Seattle, WA 98115**