



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:

2020-21     2021-22

### 1. Applicant Student

Last Name		First Name		Middle Name
Date of Birth	Age	Prospective Enrollment 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: _____	
<b>Has the applicant student received a label or diagnosis of Autism or a related disorder from a physician or other professional?</b>				
<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
<b>Would you be interested in having siblings attend APL?</b>		
<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				
<b>Parents'/Guardians' Marital Status</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Other: _____ <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Registered Domestic Partnership      _____				
<b>Student's Primary Residence</b> <input type="checkbox"/> Mother <input type="checkbox"/> Both      If other, please describe: _____ <input type="checkbox"/> Father <input type="checkbox"/> Other      _____				
<b>Parents'/Guardians' Insurance Provider (all providers with which the child is included in the policy)</b> <input type="checkbox"/> Premera      Plan Subscriber: _____ <input type="checkbox"/> Regence      Plan Subscriber: _____ <input type="checkbox"/> Microsoft      Plan Subscriber: _____ <input type="checkbox"/> Amazon      Plan Subscriber: _____ If other, please describe: _____				
<b>What talents, resources, interests or professional skills would the parents/guardians be willing to share with the APL community?</b> _____ _____ _____				



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#### 4. Additional Information

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

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

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Describe the student's level of independence:

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

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

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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?

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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**