



# AES Student Application 2022 – 2023

APPLICANT'S NAME: \_\_\_\_\_

Last                      First                      Middle

Sport Applying for: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_ Gender: male female

\_\_\_\_\_ Social Security #: \_\_\_\_\_

City      State      Zip      County      (Do not leave blank)

Living with: Mother   Father   Both Mother & Stepfather   Father & Stepmother   Other: \_\_\_\_\_

**PARENT INFORMATION:**

Name: \_\_\_\_\_

Last      First      Middle

Name: \_\_\_\_\_

Last      First      Middle

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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

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

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

Church: \_\_\_\_\_ Member: Yes No Church: \_\_\_\_\_ Member: Yes No

Marital Status: Married    Separated    Divorced    Father deceased    Mother deceased

Student Phone: \_\_\_\_\_ Student Email: \_\_\_\_\_

A fee of \$35 for the process of this application in our system and to register the homeschool student with GAPPS is due with this application. Athletic Fees will also be due before the start of each season and the fees differ depending on the sport being played. Fees are subject to change and do not cover additional equipment needed for the sport such as warm ups, team shirts, etc. The fee does provide a jersey and or uniform depending on the sport.

### MEDICAL INFORMATION:

Does your child have any health problems that we should know about? (allergies, medicine, bee stings; diabetes, asthma, epilepsy, seizures, etc.)

Has your child ever had a neuropsychological evaluation? Yes No

If yes, when and by whom?

Has your child ever taken medication for ADHD or any other neurological diagnosis? Yes No

If yes, please list the date(s):

Has your child ever been tested for any of the following?

Learning disabilities: Yes No Place / date: \_\_\_\_\_

ADHD Yes No Place / date: \_\_\_\_\_

Does your child take any other medication on a regular basis? Yes No

If yes, please list medication, dosage, time of dosage, and one prescribing it:

\* If yes to any of the above, please share with us all information obtained from these evaluations and copies of any psychological or medical reports.

### ADDITIONAL INFORMATION:

Has the applicant ever been suspended, expelled or withdrawn from any school for any reason? Yes No

Has the applicant ever repeated a grade? Yes No If yes, which grade? \_\_\_\_\_

If yes to either question, please explain:

Please list all schools attended, beginning with current school:

Name of school	Address, City, State, Zip	Grades Attended	Reason for leaving
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Referred by: \_\_\_\_\_ Father alumnus Mother Alumnus

Praise Academy does not tolerate the use or possession of drugs (including alcohol, marijuana, or paraphernalia). Praise Academy has instituted a mandatory drug testing program in grades 6-12 through random selection of the student body. Will you support this policy?

Yes No (More information available upon request.)

Our signatures below confirm that all information given in this application and related forms is correct to the best of our knowledge. We understand that any omission, misrepresentation of the facts, falsifying or withholding of information in completing this application and all required documents may result in disqualification or dismissal. Furthermore, we understand that all information submitted to Praise Academy is confidential and shall not be disclosed to anyone, including myself or my family. The Director of Admissions may disclose, for official purposes only, any information according to his/her discretion, including but not limited to schools which applicant has attended.

Father's Signature

Date

Mother's Signature

Date