

**FOOTPRINTS ACADEMY
APPLICATION FOR 2010 ~ 2011 ADMISSION**

Office Use Only: Date Received _____

Date of enrollment in Peace of Mind _____

PLEASE PRINT:

Student's name: _____ Date of Birth _____
last name first middle month day year

Prefers to be called (nickname) _____

Home address: _____ Phone _____

City: _____ State _____ Zip Code _____

Grade applying for: _____ Gender M F Citizenship: _____

Present school: _____ Telephone _____

School address: _____

City: _____ State _____ Zip Code _____

Other schools attended during the past five years: _____

How many days has your child been absent from school this year? _____

Please list two current teachers who would serve as references for your child.

1. _____

2. _____

FAMILY INFORMATION

Parent Name: _____

Home

Address: _____

Home

Telephone: _____

Email: _____

Business

Name: _____

Business

Address: _____

Business

Telephone: _____

Parent Name: _____

Home

Address: _____

Home

Telephone: _____

Email: _____

Business

Name: _____

Business

Address: _____

Business

Telephone: _____

Family situation, such as divorced, separated, custody, other: _____

List the names, ages, and schools of the candidate's brothers and sisters. Please circle the names of any who are also applying for admission here. _____

Would you be interested in financial aid, if it were to become available? Yes _____ No _____

How did you hear about our school? _____

STUDENT INFORMATION

What are your child's interests and talents? _____

Has your child been a member of any organized group or team? If so, how long? _____

Non-English language education or background _____

Have any diagnostic evaluations (education or psychological) ever been completed for your child? _____

If so, when? _____

Has your child had any remedial work, special tutoring, or enrichment classes during the past two years? _____

If so, in what academic areas? _____

Has your child ever repeated or accelerated any grades? _____

Physical challenges (sight, hearing, speech, mobility, special medicines, etc.): _____

Has an IEP ever been done for your child? If so, why? _____

PARENT EVALUATION:

How would you describe your child's school experience? _____

Are you aware of any areas where we might be able to give special help and encouragement to your child? _____

What benefits do you hope your child would derive from attending Footprints Academy? _____

Additional Comments: _____

Optional:

To which other schools is your child applying? _____

My signature indicates that all information in this application is complete, factually correct and honestly presented.

Signature _____ Date: _____

Please enclose a \$125.00 application fee and return this form to the appropriate office. Other materials needed to complete the admissions process will be sent on receipt of the application.

Please mail to:

Footprints Academy
Attention: Admissions Office
9025 Tamarack Road
Woodbury, MN 55125

Celebrating Boundless Possibilities