

Arrow Academy of Excellence Charter School

Students who are currently attending Arrow Academy of Excellence do not need to reapply for admittance.

STUDENT APPLICATION

The information collected on this application will be used to determine eligibility for enrollment and to collect general information.

Academic year applying for: 2019-20 _____ 2020-21

2021-22				
2022-23				
	PLEAS	SE PRINT CLEAR	LY	
STUDENT INFORMA	ATION			
Student Name:				
	First	Middle		Last
Grade applying for: _				
Student Address:				
<u></u>	Street Number / Name		City, State	ZIP
Telephone Number	:	Sec	ondary Num	ber:
Date of Birth:	Social Security Number:			
Place of Birth:				
	City		Cour	ntry of Citizenship
Gender: Male	Female Student .	Age Race	e:	
Current School:				
Please submit the c	hild's most current ren	ort card		

NOTE: Information collected on this application will not be used to discriminate on the basis of race, color, national origin, creed, sex, ethnicity, sexual orientation, ancestry or athletic performance.

FAMILY INFORMATION

PARENT/GUARDIAN:						
	Title and Name					
Name Preferred:	Email Address:					
Home Address: (same	as above)					
Home Phone:	Mobile Phone:	Fax:				
Employer / Occupation:						
Business Address:						
Business Phone:	Fax:					
PARENT / GUARDIAN:	Title and Name					
Name Preferred:Email Address:						
Home Address: (same	as above)					
Home Phone:	Mobile Phone:	Fax/Pager:				
Employer / Occupation:						
Business Address:						
Business Phone:	Fax:					
Child lives with:Mo	:herFatherBoth	other				
Please check if parents are	e:MarriedDivorced	SeparatedSingle				
If divorced, who has legal	custody?					

word-of-mouth) Please explain.						
What are the primary reasons for your interest in Arrow Academy of Excellence Charter School?						
Does the applicant have any medical issues (allergies, diet restrictions, regular medications, etc.)?						
Has your child ever been tested for?						
Speech and/or hearing						
Behavior Issues						
Learning disabilities						
Giftedness						
Has this child ever been retained? Yes No If yes, in what grade?						
Does your child have: 1) An IEP						
2) A 504 Plan						
To better help us serve your child's needs, we require copies of these testing results prior to your child being considered for placement.						
Has student been on in-school suspension, suspended, dismissed, or withdrawn from any school in the past: Yes No If yes, please give a statement giving the name of the school and relevant details.						
Is student currently being considered for expulsion or suspension?						
PARENT/GUARDIAN STATEMENT (Please use additional pages as necessary)						
The admissions committee requests that you describe your child below, covering the following points:						

- A. Personality, character, interests and learning style
- B. Principles and disciplines by which your child has been raised
- C. Any circumstances or experiences which might help us better understand your child

-		

UNDERSTANDING of EXPECTATIONS

Families must sign a Permanent Records Releases in order for the school to obtain the student's permanent transcript and health records.

ting regularly with my child's teachers and					
I agree to attend family meetings and other school-sponsored events on a regular basis.					
aforementioned guidelines and delines, my son / daughter may not be l.					
Date					