



APPLICATION FOR ADMISSION

Application for Grade _____ for Year _____ Date: _____

Applicant's Legal Name: _____
First Middle Last Preferred Name

Applicant is a: Male Female Birthdate: _____

Home Address: _____
Street

_____ City State Zip

Telephone Number: (_____) _____

Parent's Information:

Title: Mr. and Mrs. Dr. and Mrs. Mr. and Dr. Mr. Mrs. Ms. Drs. Other _____

Mother:

Name: _____

Father:

Name: _____
First Middle Last

Home Address (if different from above):

_____ City State Zip

Home Telephone: (_____) _____

Cell Phone: _____

Employer: _____

Nature of Business: _____

Address: _____

Business Telephone: (_____) _____

Position: _____

Email Address: _____

Home Address (if different from above):

_____ City State Zip

Home Telephone: (_____) _____

Cell Phone: _____

Employer: _____

Nature of Business: _____

Address: _____

Business Telephone: (_____) _____

Position: _____

Email Address: _____

Special Circumstances:

Parents are: Separated Divorced Mother deceased Mother remarried Father deceased Father remarried

Applicant lives with (name & relationship) _____



Other children in applicant's family:

Name	Age	Current School	Current Grade

How did you first learn of Peoria Academy?

- Relative/friend/colleague _____
- Advertisement in _____
- Website
- Yellow Pages
- Other (please describe) _____

What was your key source for additional information about Peoria Academy?

- Tour of School
- Packet of Information
- Relative/friend/colleague
- Advertisement in _____
- Website
- Yellow Pages
- Phone Inquiry _____
- Other (please describe) _____

Parent Statement:

As part of our application process, we offer you this page to express your interest in Peoria Academy and your reason for your child's application for admission. In addition, we would welcome any special information you could share with us about your child. Please note that this section is optional.

Release Information:

Applicant's Name: _____

Name, address and telephone of applicant's current school:

School Name	Telephone
Address	Fax

Administrator from applicant's school: _____
Name Title

I give my permission for _____ to release my child's transcripts/student records, grades for most recent school year, standardized test results, health records, psychological and developmental records, and information about any special services or support this student has received, including special education, social work, and speech.

This information can be mailed or faxed to:

Peoria Academy
 2711 W. Willow Knolls Drive
 Peoria IL 61614
 Fax: 309.692.7665

I also grant Peoria Academy the permission to contact school administrators and/or teachers to discuss my child's progress and academic and behavioral record.

Parent Signature: _____

Date: _____

NONDISCRIMINATORY POLICY

Peoria Academy admits students of any race, color and national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the School. Peoria Academy does not discriminate on the basis of race, color or national or ethnic origin in administration of its educational policies, scholarship and loan programs and athletic and other school-administered programs.