



## 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: Father:

Name: First Middle Last Name: First Middle Last

Home Address (if different from above):

Street

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
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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.

