



LITTLE SCHOLARS of ARKANSAS
"Embrace your Future"

APPLICATION FORM FOR 2008-2009 ACADEMIC YEAR

FOR OFFICE USE ONLY Date : _____ Student #: _____

DEAR PARENTS AND APPLICANT:

*Thank you for your interest in LISA ACADEMY. Please fill out this application form completely. Falsifications, misrepresentations, or omissions may disqualify your application. Information you supply will not be given to any other person/company for any purpose. Applications received unsigned, incomplete, or after the closing date may not be considered for acceptance. Please either **type** or **print** clearly using black ink.*

Student's legal name: _____
(Last) (First) (Middle)

Student's date of birth: (MM/DD/YY) _____ / _____ / _____ SSN: _____ - _____ - _____

Place of Birth (City, State, and County): _____ Gender: Male Female

Grade applied for: 6 7 8 9 10 11 12

Who Has Legal Custody of Child? _____

Permanent address: _____
(Street & House/Apt. No.)

Phone: (_____) _____
(City) (State) (Zip Code)

<u>Race:</u> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black, not of Hispanic Origin <input type="checkbox"/> Hispanic <input type="checkbox"/> White, not of Hispanic Origin <input type="checkbox"/> Asian (includes Middle East and Indian, etc.)	<u>Student Lives With (check 1 box):</u> <input type="checkbox"/> Both Parents <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Foster Parents <input type="checkbox"/> Legal Guardians <input type="checkbox"/> Other _____	<u>Is this student:</u> Married? <input type="checkbox"/> Yes <input type="checkbox"/> No Foster Child? <input type="checkbox"/> Yes <input type="checkbox"/> No Orphan? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---	---

PARENT / GUARDIAN (Student Resides With)

Relationship to applicant : _____ Full name: _____ E-mail : _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____ Address (if different than above): _____ _____ Job Position / Title : _____ Employer's Name: _____	Relationship to applicant : _____ Full name: _____ E-mail: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____ Address (if different than above): _____ _____ Job Position / Title : _____ Employer's Name: _____
---	--

Applicant's brother(s) and/or sister(s) aged 4 – 18 who live in your home:

Name	Date of Birth	Current School	Current Grade
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Current School: _____ **Assigned Public School District:** _____

Current School Address: _____

Current School Telephone: (____) _____ **Fax:** (____) _____ **Year/s Attended:** ____ to ____

Is applicant currently under expulsion/suspension from any school or school district? No Yes If yes, explain: _____

Has applicant ever skipped a grade? No Yes Which grade and why? _____

Has applicant ever repeated a grade? No Yes Which grade and why? _____

Does your child have a 504/IEP No Yes If yes, please explain and provide a recent copy of your child's IEP or 504 plan. _____

Please indicate any chronic health, emotional, or physical problem the student has, or other needs which we should be made aware of, which will help us plan and provide for the applicant's educational experience:

Please list applicant's honors, awards, or special achievements (in or out of school): _____

Please list applicant's talents, interests, hobbies, club memberships, and activities: _____

How did you learn about LISA?

- | | |
|--|---|
| <input type="checkbox"/> Brochure, flyer, handout | <input type="checkbox"/> Advertisement (<i>where?</i>): _____ |
| <input type="checkbox"/> Internet (<i>site</i>): _____ | <input type="checkbox"/> Newspaper (<i>name?</i>): _____ |
| <input type="checkbox"/> Journal (<i>name?</i>): _____ | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Relative | <input type="checkbox"/> Other (<i>please specify</i>): _____ |

Briefly state why you wish to have your child/children enrolled at LISA Academy:

SUBMIT THE COMPLETED APPLICATION FORM WITH COPIES OF THE FOLLOWING DOCUMENTS:

- 1. Proof of Residency (utility/phone bill or lease agreement)**
- 2. Birth Certificate**
- 3. Immunization Records**
- 4. Social Security Number**

We/I, the undersigned, hereby certify that, to the best of our/my knowledge and belief, the answers to the foregoing questions and statements made by us/me in this application are complete and accurate. We/I understand that any false information, omissions, or misrepresentations of facts may result in rejection of this application or future dismissal of the applicant.

Signature of Parent or Guardian (Male)

Date

Signature of Parent or Guardian (Female)

Date