



STUDENT APPLICATION

School Year: 2010/2011 2011/2012

\$100 Tuition-deductible, non-refundable application fee required at time of application.

Payment Plan: ___ Full Payment ___ 2 Payments ___ Monthly **Aftercare/Morning:** ___ Yes

Application Type: ___ New Student ___ Sibling **Gender:** ___ Male ___ Female

GENERAL INFORMATION

Location: ___ Apex ___ Raleigh ___ Wake Forest **Applying for Grade:** _____

(___) I do not give permission for information to be printed in the school directory.

Last Name: _____ First: _____

Middle: _____ Preferred Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone:(____) ____ - ____ Guardian E-mail Address: _____

Birthdate: ____/____/____ Student Social Security Number: ____ - ____ - ____

School Last Attended: _____ Preschool: _____

EMERGENCY MEDICAL INFORMATION

Name of Emergency Contact: _____ Phone: _____ Cell: _____

Relation to student:(___) Relative-Relationship: _____ (___) Friend (___) Guardian (___) Other: _____

Applicant's Doctor: _____ Doctor's Phone: _____ Hospital Preference: _____

PARENT/GUARDIAN/FAMILY INFORMATION

Marital Status: (___)Married (___)Widower (___)Separated (___)Divorced (___)Remarried

Father's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer's Name: _____

Title: _____ Occupation: _____

Phone: Home _____ Work _____ Cell _____

Lives with student: ___ Yes ___ No Receives Mail/Bill: ___ Yes ___ No

Marital Status: (___)Married (___)Widower (___)Separated (___)Divorced (___)Remarried

Mother's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer's Name: _____

Title: _____ Occupation: _____

Phone: Home _____ Work _____ Cell _____

Lives with student: ___ Yes ___ No Receives Mail/Bill: ___ Yes ___ No

If parents are separated or divorced, who has legal custody? _____

The school requires copies of custodial legal documents to be provided to the school at the time of application.

List names, ages, grades, and schools attending of all children in your family:

1. _____ Age: _____ Grade: _____ School: _____

2. _____ Age: _____ Grade: _____ School: _____

3. _____ Age: _____ Grade: _____ School: _____

4. _____ Age: _____ Grade: _____ School: _____

PARENT QUESTIONNAIRE & COMMITMENT

1. How did you hear about Thales Academy? _____
2. Considering the goals for your student, why would you like your student(s) to attend Thales?

3. Has the student ever been referred to a resource teacher? If yes, please provide date and reasons for referral.

4. Has the student ever had modifications made in the classroom? _____
5. Has the student ever been administered psychological, behavioral, or academic testing to determine if he/she is gifted, has a learning disability, ADD, ADHD, behavioral, neurological, sensory, or emotional disorder? _____
If yes, please provide dates, test results, evaluations, IEP reports, etc. This information is not routinely part of the cumulative folders and must be requested by the parent/guardian from the resource teacher or school counselor.

6. Is the student presently taking any medication for medical or learning problems? _____
If yes, please provide kind of medication, dosage, and frequency. Please provide a copy of a medical evaluation, which must be within the last 12 months.

7. Does the student have any health problems? _____
8. Does the student have normal or corrected vision? _____ Normal hearing? _____
9. Has the student ever been recommended for tutoring or remedial instruction? _____
If yes, please provide areas of remediation. _____
10. Has the student ever repeated a grade? _____ Which grade? _____
Please explain. _____
11. Has the student ever been suspended or dismissed from school? ___ Please explain. _____

12. Has the student had disciplinary difficulty in his/her previous school? _____
13. Is there any additional information that the Thales Academy should be aware of when considering this student for enrollment? _____

We certify that the above answers are true and are made with no reservations:

Father's Signature: _____ **Date:** _____

Mother's Signature: _____ **Date:** _____

FOR SCHOOL USE ONLY

Interview: ___ Yes ___ No Date: _____ Time: _____ Deposit Received: ___ Yes ___ No Date: _____
Admission Decision: _____ Granted _____ Denied Other: _____