



# STUDENT APPLICATION

Circle the year you are applying for: **2010/2011**    2011/2012    2012/2013

## GENERAL INFORMATION

**\$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

**Location:** \_\_\_ Apex \_\_\_ Wake Forest \_\_\_ Raleigh    **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:(\_\_\_-\_\_\_) \_\_\_-\_\_\_-\_\_\_ Birthdate:\_\_\_/\_\_\_/\_\_\_ Student SSN:\_\_\_-\_\_\_-\_\_\_

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: \_\_\_\_\_

E-mail: \_\_\_\_\_

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?** \_\_\_\_\_

**Marital Status:** (\_\_\_)Married (\_\_\_)Widower (\_\_\_)Separated (\_\_\_)Divorced (\_\_\_)Remarried

**Mother's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Title: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Lives with student: \_\_Yes \_\_No    Receives Mail/Bill: \_\_Yes \_\_No

**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: \_\_\_\_\_

# 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 \_\_\_\_\_ Check #: \_\_\_\_\_ Other: \_\_\_\_\_