



A Non-Profit
APPLIED SCHOLASTICS™ School

1018 East Sahara Avenue, Suite D, Las Vegas, Nevada 89104 (702) 737-8668

ENROLLMENT APPLICATION

THIS FORM IS TO BE FILLED OUT BY PARENT OR LEGAL GUARDIAN

Student (First Name) _____ M.I. _____ (Last) _____

Address _____

City _____ Zip _____ Date of Birth: _____

Home Phone: _____ Sex: Male _____ Female _____

Cell Phone: _____

FAMILY INFORMATION

FATHER

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Home Phone: (_____) _____

Cell Phone: (_____) _____

Brothers/Sisters

Name _____

Age _____

MOTHER

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Home Phone: (_____) _____

Cell Phone (_____) _____

Brothers/Sisters

Name _____

Age _____

EMERGENCY CONTACT INFORMATION

Name: _____

Name _____

Relationship _____

Relationship _____

Phone _____

Phone _____

LIST THE PERSONS WHO *MAY* PICK UP YOUR CHILD FROM SCHOOL

We will require I.D. before the child is allowed to leave the premises

Name: _____

Name _____

Relationship _____

Relationship _____

Phone _____

Phone _____

LIST ANY PERSON WHO *MAY NOT* REMOVE YOUR CHILD FROM SCHOOL PREMISES

Name: _____

Name _____

Relationship _____

Relationship _____

Phone _____

Phone _____

EMERGENCY CONTACT INFORMATION

FAMILY DOCTOR OR PEDIATRICIAN:

Name: _____

Phone: _____

Medical Carrier Insurance: _____

List of allergies or limitations you child has:

List diseases your child has had:

CHILD INFORMATION

Has your child ever been suspended or expelled from another school? _____ If YES, please give full details: _____

Describe your child's general health condition, diagnosis, medication, or other treatment which we would need to be aware of in order to protect the health and safety of your child or those around him. (Such would include, but not limited to, contagious diseases, administration of medication which may have physical reactions or side effects during school hours.)

Describe your child's social conduct. Include information in which the staff would need to be aware of to ensure the safety and well-being of your child or those around him. Such would include difficulties with attention, concentration, temper, fighting, or other threatened violence, either to self or others.

Is your child currently on medication for physical condition? List precautions their teacher needs to be aware of in case of adverse reactions during school hours.

GENERAL INFORMATION

Does your child have career goals or special areas of interest?

What subjects or skills does your child feel they can accomplish successfully? What are their favorite subjects?

What subjects does your child feel they need assistance in understanding?

AUTHORIZATION

By signing below, I am stating that this information is true to the best of my knowledge, and if at any time, the information contained herein is found to be false, Applied Scholastics Academy Las Vegas has the right to immediately dismiss the student.

Name of Parent/Legal Guardian _____

Signature _____ Date _____

Accepted by _____ Date: _____
ASA LV Executive Director