



APPLICATION FOR ADMISSION

Applications for admission are complete when the following documents are submitted:

- ✓ Parent Questionnaire
- ✓ Teacher Questionnaire
- ✓ Copy of most recent psycho-educational testing
- ✓ Copy of most recent I.E.P. (for students attending public school)
- ✓ Application form

MAIL TO: De LaSalle Academy, 6401 Techster Blvd, Fort Myers, FL 33966 or email to Lriti@delasallefm.org

Date of Application: _____ Applying for the 20 -- 20 school year

Name of Student: _____ Date of Birth: _____

Grade TODAY: _____ Gender: ___M ___F Age: ___ years ___ months

Person completing this application: ___ Mother ___ Father ___ Guardian

Mother's Name : _____ Home phone: () _____

Address: _____ Cell phone: () _____

Work: () _____

Email: _____ Do you check email daily? ___ yes ___ no

Father's Name: _____ Home phone: () _____

Address: _____ Cell phone: () _____

Work: () _____

Email: _____ Do you check email daily? ___ yes ___ no

Guardian's Name: _____ Home phone: () _____
(if applicable)

Address: _____ Cell phone: () _____

Work: () _____

Email: _____ Do you check email daily? ___ yes ___ no

Child's Current School & Address: _____

How did you hear about De LaSalle Academy? (check all that apply)

- | | |
|----------------------------|--|
| ___ TV | ___ Referred by child's current school |
| ___ Radio (Station? _____) | ___ Referred by doctor or therapist: _____ |
| ___ Print Ad in _____ | ___ Referred by parent of _____ |