



DE LASALLE ACADEMY

OF FORT MYERS

Application for Admission

Applications for admission will be reviewed when the following documents are submitted:

- Teacher Questionnaire
- Parent Questionnaire
- Copies of most recent psycho-educational testing
- Copies of most recent I.E.P. or 504 plan, if applicable
- Application form

Date of Application: _____

Applying for the 20___/20___ school year

Student's Name: _____ 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 () _____

_____ Email _____

Father's Name _____ Home phone () _____

Address _____ Cell phone () _____

_____ Email _____

Guardian's Name _____ Home phone () _____

Address _____ Cell phone () _____

_____ Email _____

Child's current school & address: _____

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

TV Print Ad in _____ Doctor/Therapist _____

Radio Child's Current School Parent of _____