



# 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 \_\_\_\_\_