



# APPLICATION FOR ADMISSION

Revised: 1/2011

## Student Information

Full Name: \_\_\_\_\_

**Last**

**First**

**Middle**

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

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female (please circle one)

Current Grade Level: \_\_\_\_\_ Applying for Grade Level: \_\_\_\_\_

Primary Language Spoken: \_\_\_\_\_

Other Languages Spoken: \_\_\_\_\_

## Parent/Guardian Information

Father's Name: \_\_\_\_\_

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

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

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

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

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

Place of Employment: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Does your child have brothers or sisters currently enrolled at Sunrise Academy?    Yes    No  
If yes, please state the student's name and grade level? \_\_\_\_\_

## TERMS AND CONDITIONS – Please read carefully

I certify that the information provided in this application is true and accurate. **I understand that this application must be returned with the required documents requested by school administration in order for my application for admission to be considered complete. I understand that my application will not be submitted to the Admissions Committee of the Sunrise Academy School Board of Education if it is not complete or my child has not successfully passed the pre-admissions test according to Sunrise Academy standards.** I understand that the completed application will be submitted to the Admissions Committee for review and approval according to the Student Selection Policy. I also understand that Sunrise Academy has the right to verify the above information and independently seek additional input as needed. I acknowledge that Sunrise Academy is not equipped to accommodate students with special emotional, psychological, physical or academic needs. I further acknowledge that admission and continued enrollment at Sunrise Academy is a privilege that can be revoked if deemed necessary by the Sunrise Academy School Board of Education and/or administration. If my child is accepted for admission, I agree to abide by the school rules, policies, and regulations, as well as the timely payment of all school tuition and fees. I also give Sunrise Academy permission to administer any placement, proficiency, or diagnostic tests as deemed necessary by the school administration. I understand that the \$25 application processing fee is non-refundable and does not guarantee my child admission into Sunrise Academy.

Parent Signature

Date signed

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For office use only:

Date completed application received: \_\_\_\_\_ Initials: \_\_\_\_\_

Accepted: \_\_\_\_\_ Rejected: \_\_\_\_\_ Initials: \_\_\_\_\_

Ed Choice Information mailed if applicable: \_\_\_\_\_ Date Mailed