



Creative Learning at Sunrise Academy Application for Admission



Sunrise Academy will be offering a new session of Creative Learning for the 2011-2012 school year. The child must be 3 or 4 yrs old by August 30th, 2011 and potty trained. **Please return this form, a copy of your child's birth certificate and social security card along with a \$25.00 processing fee to Sunrise Academy, no later than Friday, March 18, 2010. Space is limited.**

Student Information

Full Name: _____

Last

First

Middle

Address: _____

City: _____ State: _____ Zip Code: _____

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

Parent/Guardian Information Marital Status: Married Widowed Divorced Single

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

Please choose from one of the sessions available below. Please understand these timings are not final and could be changed due to spacing and location:

___ 8:45 a.m – 4:00 p.m; Mondays, Wednesdays, Fridays (Part Time)

___ 8:45 a.m – 4:00 p.m; Tuesdays and Thursdays (Part Time)

___ 8:45 a.m – 4:00 p.m; Monday - Friday (Full Time)

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.** 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

For office use only:

Date completed application received: _____ Initials: _____

Accepted: _____ Rejected: _____ Initials: _____