

**South Central Academy
Application for Admission**

Social Security # _____ **Date:** _____

Student's Full Name _____ **Student Preferred Name** _____

Sex _____ **DOB** _____ **Age** _____

Place of Birth _____ **City** _____ **County** _____
State _____

Applying for Grade _____ **Years attended school** _____

Mailing address _____

street city state zip code

Child lives with ___ **mother& father** ___ **mother** ___ **father** ___ **guardian**

Father's Name _____ **Cell #** _____

Place of employment _____ **Work #** _____

Email _____

Mother's Name _____ **Cell #** _____

Place of employment _____ **Work #** _____

Email _____

Parental Marital Status _____ **married** _____ **separated** _____ **divorced**
_____ **deceased**

**If parents are divorced or separated with whom should
correspondence be sent for admissions** _____

If parents are divorced or separated who has legal custody

(Please provide appropriate documentation for guardianship when applicable.)

In medical emergency who should be contacted:

Physician: _____ **Phone:** _____

Preferred hospital _____

In case parent can not be reached, please list 3 emergency contacts

Name: _____ **Relationship:** _____ **Phone:** _____

Name: _____ **Relationship:** _____ **Phone:** _____

Name: _____ **Relationship:** _____ **Phone:** _____

Please list any special illnesses or physical disabilities

List any allergies

List any medication your student is presently taking

Schools previously attended: (list most recent first)

School _____ **Date** _____ **Address** _____

School _____ **Date** _____ **Address** _____

School _____ **Date** _____ **Address** _____

Has you student ever repeated a grade ____ yes ____ no

If yes explain _____

Your signature indicated the information in this application is correct
and you are under NO financial obligation to any former school in
order that records my be released to South Centra Academy.

Parent Signature _____ Date _____

Office Use

_____ Report Card and scores

_____ Testing

_____ Completed Contracts

_____ Registration Fees

_____ Immunization and Birth Certificate forms

_____ School Transfer Records

