

# Application For Admission

**Student's Full Name** \_\_\_\_\_

Preferred name or nickname \_\_\_\_\_ S.S. # \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Program Attending (check appropriate boxes): \_\_\_Half Day (8:30-11:30)

\_\_\_School Day (8:30 - 3:00) \_\_\_ Before School (7:30 - 8:30)\_\_\_ After School(3:00-6:00)

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

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

Home Phone Number \_\_\_\_\_

What public school would your child attend? \_\_\_\_\_

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

Home Address \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Employer's Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Social Security No. \_\_\_\_\_ E-mail \_\_\_\_\_

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

Home Address \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Employer's Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Social Security No. \_\_\_\_\_ E-mail \_\_\_\_\_

## NOTICE OF NONDISCRIMINATION POLICY AS TO STUDENTS

This school admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of color, race, national and ethnic origin in administration of its educational and admissions policies, scholarship and loan programs, and athletic and other school administered programs.

Has the child previously attended a child care center or school /

No  Yes, Where? \_\_\_\_\_ For how long? \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Child's present living arrangement:  Both Parents  Mother  Father  
 Other \_\_\_\_\_

Child's legal guardian:  Both parents  Mother  Father  
 Other \_\_\_\_\_

Is your child adopted?  yes  no Is he/she aware of the adoption?  yes  
 no

Does your child speak English?  yes  no  
What language is primarily spoken at home? \_\_\_\_\_

List all persons living in the home (including parents) :

Name Age Relationship to child

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMERGENCY CONTACT IF PARENTS CANNOT BE REACHED

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_

These persons may be contacted in an emergency when guardian(s) may not be located, and have permission to pick up the child when guardian(s) is/are not able to do so in person:

Name Address Telephone

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who May **NOT** Pick Up Your Child: \_\_\_\_\_

\_\_\_\_\_

Child's Physician or Clinic's Name: \_\_\_\_\_

Telephone Number \_\_\_\_\_

Any known allergies? \_\_\_\_\_

**Students Development History:**

Please mark the diseases your child has had: \_\_\_Chicken pox \_\_\_ Mumps \_\_\_  
3 day Measles \_\_\_Whooping Cough Other:\_\_\_\_\_

Please mark any of these conditions your child has: \_\_\_Diabetes \_\_\_Asthma  
\_\_\_Kidney Trouble\_\_\_Heart Ailments \_\_\_Ulcers \_\_\_A.D.D  
\_\_\_Hay Fever\_\_\_Headaches\_\_\_Seizures\_\_\_Hyperactivity \_\_\_None  
\_\_\_Other conditions:\_\_\_\_\_

Does your child have any special physical, emotional or learning challenges?  
If so, please explain the condition and what special accommodations we may make  
to meet your child's needs at school:

\_\_\_\_\_  
\_\_\_\_\_

Does your child presently take a regularly prescribed medication?\_\_\_\_\_  
If so, what?\_\_\_\_\_

What are your child's special interests?\_\_\_\_\_

What discipline method is used at home?\_\_Physical\_\_Lecture\_\_Restriction  
\_\_\_Other\_\_\_\_\_

What time does your child usually go to bed?\_\_\_\_\_awaken?\_\_\_\_\_

Please mark any of these experiences your child had difficulties with in his early  
years.\_\_Eating\_\_Sleeping\_\_Speaking\_\_Toilet Training\_\_Crying\_\_Cuddling  
\_\_Serious Injuries\_\_Getting along with others\_\_Discipline\_\_None  
Explain:\_\_\_\_\_

\_\_\_\_\_

Has your child ever been hospitalized?\_\_yes \_\_no If so, what was his/her age?\_\_  
Reason\_\_\_\_\_

Has your child had his/her eyes checked?\_\_\_yes \_\_\_no \_\_\_wears glasses

Has your child had his/her hearing checked? \_\_\_yes \_\_\_no \_\_\_Corrections

Has your child had his speech checked? \_\_\_\_\_yes \_\_\_\_\_no

Is he/she receiving speech therapy?\_\_\_\_\_

Describe child's physical development \_\_\_Normal \_\_\_Rapid \_\_\_Slow

Date of child's last pediatrician exam\_\_\_\_\_

Date of child's last dental exam\_\_\_\_\_Dr.'s Name\_\_\_\_\_

**Parent’s Statement of Agreement**

I understand and agree to the following conditions of admission:

1. Classes begin at 8:30 a.m. I will be responsible for seeing that my child arrives on-time each day. Frequent tardies and absences are not acceptable and may result in dismissal.
2. I will keep the information on my child’s enrollment card current. I will inform the school immediately of new phone numbers, addresses and any changes concerning my child’s situation, including but not limited to, immunization records.
3. I will contact the Administration in a timely manner to discuss concerns of the school program or staff.
4. I will strive to have my children in attendance every school day. Texas law requires 177 school days per year.
5. I will schedule doctor appointments, when possible after 3:00 p.m.
6. I will attend Parent/Teacher Conferences to discuss my child’s social and academic progress.
7. I will attend Parent Workdays and Community Meetings.
8. I will see that my child completes homework assignments when given.
9. I will see that my child makes up his/her work assignments when he/she is ill. Ten unexcused absences in kindergarten justifies dismissal from the program. Four tardies equal one absence.
10. The undersigned agree to pay our child’s fees and tuition payment schedule as stated in the Financial Information. We will provide two weeks written notice of withdrawal. (There are no allowance made for sick days, vacations, bad weather closings, etc. As long as your child’s place is reserved in our program, full tuition payment must be made. )
11. I have read the Online Parent handbook and understand the policies regarding enrollment and fees at AMA.
12. I will attend Parent Orientation before my child’s 1st day of school each year.

Father’s Signature\_\_\_\_\_Date\_\_\_\_\_

Mother’s Signature\_\_\_\_\_Date\_\_\_\_\_

Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_