



Application for Admission

Applicant Information

Date Applied: _____

Name: _____

Last

First

Middle

Preferred

Date of Birth: _____

Male

Female

Applicant for grade: _____

Beginning August 20__

Home Address: _____

Street number and name

City/State/Zip Code

County

Home phone

State/Country of birth: _____

Country of citizenship: _____

School Information

Current School: _____

Current Grade: _____

School address: _____

Street number and name

City/State/Zip Code

School phone

Previous schools attended:

School	Address	Dates	Grade(s) attended

Additional Information

1. Has the applicant ever been subject to major disciplinary action (suspension or dismissal) in any school?

NO YES Please explain: _____

2. Has the applicant ever had problems with anger or behavioral problems?

NO YES Please explain: _____

3. Student's Native language _____ Language spoken at home: _____

4. Has the applicant undergone any visual, hearing, or educational assessment(s)? NO YES

VISION HEARING EDUCATIONAL

5. Has your child been seen by a developmental pediatrician or neurologist? NO YES

If yes, Name: _____

Contact Information: _____

6. Has the applicant been under continuing care for any physical, emotional, or learning difficulty?

NO YES

If yes, Name: _____

Contact Information: _____

7. To better understand the learning needs of our applicants and the ways in which ClearWater Academy can meet these needs, please indicate any special academic or physical accommodations your child is currently receiving, and which your family may request for your child as a student at ClearWater Academy.

Please attach any testing, documentation, evaluations, assessments, school progress reports, or any other testing services administered to your student.

Medical Information

1. Student's Pediatrician: _____ () _____
Name Phone

 Address

2. Student's Psychiatrist/Psychologist: _____ () _____
Name Phone

 Address

3. Student's Counselor: _____ () _____
Name Phone

 Address

4. Medication: Is your child on medication? NO YES If yes, please list below

Name of medicine	Dosage
Name of medicine	Dosage
Name of medicine	Dosage

Therapeutic Services

1. Occupational Therapist NO YES If yes, please list Name, phone, & dates

2. Physical Therapist NO YES If yes, please list Name, phone, & dates

3. Speech/Language Pathologist NO YES If yes, please list Name, phone, & dates

4. Other



Parent Questions

Please answer the following questions on a separate sheet of paper.

1. What are your reasons for applying to ClearWater Academy?
2. How would ClearWater Academy be a good match for your child as well as your family?
3. We welcome any additional information that will help us know your child better. This might include specifics about health issues, allergies, therapeutic programs, a diagnosis, tutoring, family circumstances, sensory profile. A parent perspective helps us to know each applicant more completely.

Signatures

We request each parent/guardian sign the application. In the case of separation or divorce, please submit this information on a separate sheet of paper if necessary. If not available, please provide an explanation.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Please return the following with your completed application:

1. Recent photo of the applicant;
2. Family photo;
3. Copies of most recent OT, Speech, and Psychological evaluations;
4. Transcript, report cards, IEP, and other school records;
5. A \$125.00 non-refundable application fee made payable to **ClearWater Academy**. Mail or bring to :

**ClearWater Academy, Office of Admissions
210 Greencastle Road
Tyrone, GA 30290**

ClearWater Academy values diversity and seeks to attract students from varied backgrounds. ClearWater Academy does not discriminate on the basis of race, color, religion, creed, sexual orientation, or national or ethnic origin in the administration of any of its practices and policies.