



THE ACADEMY

New Student Application

Student Information

Application for Grade K 1st School Year 2019/2020

Student's Full Name _____
First Middle Last

Home Address _____

City/State/Zip _____

Student's Date of Birth _____

Who has primary custody of the child? _____

Who lives in the household with the child? _____

What is your child's primary language? _____

Are other languages spoken in the home? Please list: _____

Are you in public housing _____

Do you receive DSS funding? _____ If not, are you willing to apply with them for funding? _____

How would you describe your child?

- African American White/Non-Hispanic Hispanic Asian American
 Native American Middle Eastern American Other _____

List all previous schools' student has attended.

Name of School/Preschool/Daycare	Dates Attended
_____	_____
_____	_____
_____	_____

Parent/Guardian Information

Parent/Guardian Name	_____
Relationship to Student	_____ Married: Yes <input type="checkbox"/> No <input type="checkbox"/> Divorced <input type="checkbox"/>
Address (if different)	_____
City/State/Zip	_____
Employer	_____
Cell Phone	_____ Work Phone _____
Email	_____

Parent/Guardian Information

Parent/Guardian Name	_____
Relationship to Student	_____ Married: Yes <input type="checkbox"/> No <input type="checkbox"/> Divorced <input type="checkbox"/>
Address (if different)	_____
City/State/Zip	_____
Employer	_____
Cell Phone	_____ Work Phone _____
Email	_____

Residence (check one):

City of Roanoke County of Roanoke City of Salem Other _____

If selected for The Academy, will your child need transportation to school? **Yes or No**

Will your child need transportation from school? **Yes or No**

Name of your student's zoned public elementary school: _____

How did you hear about **The Academy**? Word of Mouth News HoneyTree Family Promise

Big Brothers Big Sisters CHIP Head Start/TAP Other _____

Notice of Nondiscrimination Policy

We do not discriminate on the basis of race, color, religion, nationality, gender, or ethnic origin in the administration of its educational, admission, scholarship, or employment policies or any other programs administered by the School.

Parent or Guardian 1: _____ Dated: _____

Parent or Guardian 2 _____ Dated: _____

Notice of Parental Involvement Requirement

If a child is accepted and enrolled, all parents or guardians are expected to volunteer at the school or in their child’s classroom. Volunteering can be using your gifts and talents by being a part of the Parent Teacher association (PTA), fundraising for your child’s classroom, doing maintenance at the school, reading to a classroom, serving lunch or any other area that benefits the school or your child’s classroom. All parents are also expected to support their child by attending school functions. Transportation for volunteer opportunities and school functions will be provided by **The Academy**.

Parent or Guardian 1: _____ Dated: _____

Parent or Guardian 2 _____ Dated: _____

Acknowledgement

I (We) have read this application thoroughly and understand fully all the provisions contained therein. The information provided in this application is true and accurate to the best of my (our) knowledge. Further, I (we) understand and accept that falsification or deception in any aspect of the application process may result in an immediate review and possible revocation of admission.

Parent or Guardian 1: _____ Dated: _____

Parent or Guardian 2 _____ Dated: _____

Return completed application by February 1st to:

Mrs. Tina Kitchens
Head of the School
2619 Belle Ave.
Roanoke, VA 24012
Tina@theacademyatbelle.org
Fax: 540-339-9347