

# Ambassador Academy - Application for Admission

Date \_\_\_\_\_ School Term \_\_\_\_\_ Grade Entering \_\_\_\_\_

Name of Child \_\_\_\_\_  
Last First Middle

Birth Date \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Child lives with: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ \*Other \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

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

Parent/Guardian Email Address: \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Phone Numbers: (H) \_\_\_\_\_ Phone Numbers: (H) \_\_\_\_\_

(W) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Employed by \_\_\_\_\_ Employed by \_\_\_\_\_

Home Address (if different from child): \_\_\_\_\_ Home Address (if different from child): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*If other than parents - Relationship to Child \_\_\_\_\_

Name: \_\_\_\_\_ Employed by \_\_\_\_\_

Phone Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Address (if different from child): \_\_\_\_\_

\_\_\_\_\_

Please list the schools and grades your child has attended (if any)	
_____	Grade _____
_____	Grade _____
_____	Grade _____

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Why would you like your child to be enrolled at Ambassador Academy?

Does your child have any special academic needs? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, please explain.

Does your child have any emotional or behavioral needs that would require addressing? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, please explain below.

Does your child have any physical or health concerns that would require attention or awareness from someone on staff? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, please explain below.

Are there any thoughts or concerns you would like to share with us? Please write them below.

Please share how you heard about Ambassador Academy.