



ENROLLMENT APPLICATION

Child's Legal Name: _____

Date of Birth: _____ Age: _____ Gender _____

Citizenship: _____ Birthplace: _____

Home Language(s): _____

Check One: Current Student New Student
 New Student and Sibling of Current Student

PARENT / GUARDIAN INFORMATION

Mother/ Guardian: _____

Father/ Guardian: _____

Home Phone: _____ Mother's Cell: _____

Father's Cell: _____

Address: _____

Mother's Email: _____ Father's Email: _____

Mother's Employer: _____ Father's Employer: _____

Mother: Married Divorced Separated Single Remarried

Father: Married Divorced Separated Single Remarried

Please explain any custody arrangement of which we should be aware:

FAMILY INFORMATION

Names, Ages, and School of Siblings

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

APPLICANT SCHOOL HISTORY

Current School: _____

Most recent school attended: _____

Dates of enrollment: _____ to _____ Grade: _____

ADDITIONAL INFORMATION

Are there any circumstances or information regarding the child or home life that the administration and/or teachers should know about?

Family Questionnaire

Please explain why you would like your child to attend Seashore Academy.

Please tell us about your child's exposure (if any) to Mandarin Chinese language and culture.

Please tell us about your child's exposure (if any) to Spanish language and culture.

Please describe your expectations regarding your child's education.

Please describe your child's strengths and weaknesses.

How would you describe your child's temperament?

Please describe your style of discipline.

Please list your child's extracurricular activities.

Please describe your child's typical daily routine.

Does your child have any specific health issues, allergies, learning disabilities, or other concern that would limit his/her participation in the full range of school activities?

Is your child currently under the care of a physician, psychiatrist, psychologist, or therapist? If so, please share any pertinent information.

Please list any medications your child is taking:

Has your child ever had an educational or psychological evaluation? ___yes ___no

If yes, are you willing to share the results in an effort to best help in the academic success of your child? ___ yes ___ no

Is there anything else you would like to share with us?
