

The Daniel Academy
Application for Admission

Student Name		Grade Entering 2010-2011	
Street Address		City	
State	Zip Code	Home and Cell Phone	Date of Birth
Parents Names			
Please list any physical, emotional, or learning disabilities which may affect student's ability to function in a normal classroom:			
Is English the first language of the student? (If not, we may require ESL testing.)			
Please list any unusual factors in the student's life (severe illness, social/physical trauma, etc.)? Are there any diagnosed or predicted learning issues?			
Has the applicant ever been suspended, expelled or disciplined beyond the ordinary? (If yes, please include a letter of explanation.)			
Are there special custodial issues we should know about?			
Please share any other information with us that we should know about.			
We affirm that all statements made in this application are true and accurate to the best of our ability to discern.			
_____ Signature of Father or Guardian		_____ Signature of Mother or Guardian	