FUTURES ACADEMY, LLC

NEW STUDENT APPLICATION	For School Year:
Student Name:	DOB:
Address	Grade:
City/State/Zip:	
Student Cell:	Student email:
Parent(s)/Guardian(s) #1:	
Name(s):	
Relation to child:	Email:
City/State/Zip:	
Place of Work:	
Other emails of phone #c.	
Parent(s)/Guardian(s) #1:	
Name(s):	
	Email:
City/State/Zip:	
Phone Numbers:	
Place of Work:	
Other emails of phone #s:	
EMERGENCY CONTACT INFORMATIC	DN - Names, relation, phone number
Contact #1	Can check out child? Y N
Contact #2	Can check out child? Y N
Contact #3	Can check out child? Y N
Contact #4	Can check out child? Y N

Put a \checkmark by those who may check your child out of school without your express permission.

NEW STUDENT APPLICATION (Cont'd)

Name:

What goals can we help your child accomplish? Check all that apply.

- ___ Graduation ___ Credit Recovery ___ Prepare for Trade School
- Prepare for College Prepare for a job after high school Fill Learning Gaps

____ More Comfortable Environment _____ Flexibility to Manage Non-School Events

____ I'm not sure

What circumstances brought you to Futures Academy?

List any disabilities, medical issues, special needs, or gifts that may affect your child's learning.

What is your greatest concern right now about this child's education?

Is the applicant currently facing legal or disciplinary measures from any previous educational setting? If so, brielfy explain:

By signing below I am affirming that:

* I am the legal guardian for the child named in this application, or I can show my legal right to enroll him/her in school.

* All the information contained herein is true and complete to the best of my knowledge.

* I understand that completing this application or payment of fees is not a guarantee of acceptance into Futures Academy and does not represent any agreement with the school.

Parent/Guardian Signature

Date

How did you hear about us?