

# Application and Student Data Form

1071 Jodeco Road  
Stockbridge, GA 30281  
Telephone: 770-389-1119



## CHILD INFORMATION

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Desired Date of Admission \_\_\_/\_\_\_/\_\_\_ Applicants preferred name \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_  
Age \_\_\_\_\_ Gender (F, M) \_\_\_ Race \_\_\_\_\_  
School Currently Attending \_\_\_\_\_ City/State \_\_\_\_\_  
Phone \_\_\_\_\_ How long \_\_\_\_\_ Government Program: CAP \_\_\_ QRSG \_\_\_ Other \_\_\_  
I was referred to Ivywood Academy by \_\_\_\_\_ Relationship \_\_\_\_\_

## FAMILY INFORMATION

Please check all that apply: Parents Married \_\_\_ Parents Separated \_\_\_ Parents Divorced \_\_\_  
Students live with: Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Other \_\_\_\_\_  
Financially Responsible: Both Parents \_\_\_ Father \_\_\_ Mother \_\_\_ Other \_\_\_\_\_

## PARENT 1 INFORMATION

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Home address \_\_\_\_\_  
Employer \_\_\_\_\_  
Years there: \_\_\_\_\_ Email Address: \_\_\_\_\_

## PARENT 2 INFORMATION

Name: \_\_\_\_\_ Home \_\_\_\_\_  
Phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Home address \_\_\_\_\_  
Employer \_\_\_\_\_  
Years there: \_\_\_\_\_ Email Address: \_\_\_\_\_

## HEALTH INFORMATION

Does your child have allergies or other special health needs? (no) (yes) If yes please describe and list the medications taken: \_\_\_\_\_  
Are there any circumstance that may affect your child's learning? (no) (yes) If yes please explain: \_\_\_\_\_

## APPLICATION PROCESS (Return the completed application with **nonrefundable \$45 Application fee**)

Upon receipt of your completed application, we will schedule an interview for your child with one of our teachers. The interview familiarizes your child with the center and establishes the understanding of education between the family and the center. You will be notified of the administration's decision within a week.

### FOR OFFICE USE ONLY:

Classroom: \_\_\_\_\_ Room Teacher: \_\_\_\_\_ Observation Date: \_\_\_/\_\_\_/\_\_\_  
Results Received: \_\_\_/\_\_\_/\_\_\_ Application Fee Received: \_\_\_/\_\_\_/\_\_\_ Check# \_\_\_\_\_  
Center Tour Dates: \_\_\_/\_\_\_/\_\_\_ Accepted (no) (yes) Signature: \_\_\_\_\_

**For more information please visit us at [www.IvywoodAcademy.com](http://www.IvywoodAcademy.com)**