



Student Application

No applicant for admission shall be discriminated against on the basis of race, color, ethnicity, national origin, sex (including sexual orientation or transgender identity or expression), pregnancy, mental or physical disability, age, religion, height, weight, marital or family status, military status, ancestry or genetic information.

STUDENT BASIC INFORMATION

Name (Last, first, middle): _____

Date of Birth: _____ Grade: _____

Student's Address _____

Mailing Address: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1

Name: _____ Relationship to Student _____

Address: _____

Best Contact Phone Number: _____ Email: _____

Parent/Guardian #2

Name: _____ Relationship to Student _____

Address: _____

Best Contact Phone Number: _____ Email: _____

PRIOR SCHOOL/DISCIPLINE HISTORY

From what school is your child transferring (Name, City and State)?: _____

Has your child ever received an in-school detention? Yes No If yes, how many times?: _____

Has your child ever been suspended from school? Yes No If yes, how many times? _____

Approximate dates of suspensions: _____

Has your child ever been convicted of a felony? Yes No

I understand that by completing and signing this form that my child will be considered for enrollment at Pansophia Academy. I further understand that this process does not automatically guarantee enrollment at the Academy and that my child's name may be placed in a lottery for enrollment purposes. I affirm that all the information I have provided is complete and accurate to the best of my knowledge

Parent/Guardian Signature

Date