

# **Enrollment Process**

**Application For Enrollment**

**\$200 Deposit (not refundable)**

**Immunization Records**

**Copy of Birth Certificate**

**Individual Education Plan - IEP (if your child has one)**

**Three Teacher Recommendations**

**Latest Report Card**

**Samples of recent work in all subjects**

**Any psychological testing or diagnoses**

**List of medication taken and what medication is addressing**

**Any standardized or learning disability test results**

Please note that we do not admit children to Einstein Academy based on academic performance, but we need as much information as possible to plan for your child's upcoming academic year and ensure that we appropriately address his or her specific needs.

Einstein Academy has an active parent group. Einstein requires the active participation of all families in planning, decision-making and volunteering at the school.

Einstein Academy  
Application for admission

Date of Application \_\_\_\_\_ Grade 4-8: Please state grade \_\_\_\_\_

Applicant's name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Date of birth \_\_\_\_\_ Gender M/F \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell or other# \_\_\_\_\_

Email \_\_\_\_\_

Present or last school \_\_\_\_\_

Address: \_\_\_\_\_

Place of Birth \_\_\_\_\_

Parent/guardian name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Firm and Position \_\_\_\_\_

Business address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Home Information—(Check all that apply)

Student lives with \_\_\_ Father \_\_\_ Mother \_\_\_ Stepfather \_\_\_ Stepmother \_\_\_ Grandparents \_\_\_ Other

Legal Guardian (if other than parent) \_\_\_\_\_  
Name Relationship to applicant

If other than parent:

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Parents Education \_\_\_\_\_

Father

Mother

Family Religious Affiliation \_\_\_\_\_

Other Children in Family \_\_\_\_\_

How did you hear about Einstein Academy? \_\_\_\_\_

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Has the applicant had educational, neurological, or psychological evaluations? \_\_\_\_\_

If yes, when? \_\_\_\_\_ Where is the information available? \_\_\_\_\_

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Does the applicant have any medical condition that the school should be aware of? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

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Please feel free to use the back of this form or other media to answer the following questions:

- List your hobbies, activities, clubs of which you are a member.
- What school activities, organizations, sports, or special interests would you like to pursue at EA?
- Have you received any academic, athletic, or other special awards?
- Why are you applying to Einstein Academy?
- What do you hope to gain from being a member of EA?

Einstein Academy does not discriminate in admissions on the basis of race, color, religion, gender, or national origin.

Inaccurate or misleading information provided by the applicant or guardian on this form or at any time during the admissions process may result in denial of acceptance.

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Signature of parent or guardian

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Date





