

APPLICATION FOR ADMISSION  
TO ABOVE AND BEYOND CENTER

Student Name

Address:

City:

State:

Zip:

Telephone Home:

Work:

Email Address:

Student's Birthdate:

Age:

Sex:

School:

Grade Level:

Teacher's Name:

Principal:

Father's Name:

Mother's Name:

Legal Guardian(s) (if other than parents):

Are parents married/divorced/separated? Please circle one.

If divorced, with whom does the student live?

Name someone (other than the parents listed) to be reached in case of an emergency. Please list their home, work, and cell phone numbers (if applicable).

How did you hear about Above and Beyond Center?

If referred by someone, who referred you to Above and Beyond Center?

What would you like to accomplish by coming to Above and Beyond Center?

What languages are spoken in the home?

Do other family members have any academic challenges?

Has your child ever had any serious illnesses? If yes, please explain.

Does your child wear prescription glasses? If yes, please specify when.

Has the student ever had ear infections? If yes, please explain.

Does the student have any difficulty hearing? If yes, please explain.

Does the student exhibit any speech problems? If yes, please explain.

What does the student enjoy doing in his/her spare time?

What are some areas in which the student excels?

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Signature

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Date Signed