



A Non-Profit APPLIED SCHOLASTICS™ School

7550 W. Alexander Road, Las Vegas, NV 89129
(702) 737-8668

ENROLLMENT APPLICATION

THIS FORM IS TO BE FILLED OUT BY PARENT OR LEGAL GUARDIAN

Student (First Name) _____ M.I. _____ (Last) _____
Address _____ City _____ Zip _____
Phone (Home) _____ (Cell) _____
Date of Birth _____ Sex: Male _____ Female _____

Family Information:

Father

Mother

Name _____	Name _____
Address _____	Address _____
City _____ State _____	City _____ State _____
Zip _____	Zip _____
Email _____	Email _____
Home Phone_(_____) _____	Home Phone_(_____) _____
Cell Phone_(_____) _____	Cell Phone_(_____) _____

Brothers/Sisters

Name _____	Age _____
Name _____	Age _____
Name _____	Age _____
Name _____	Age _____

In Case of Emergency and you can not be reached, we will contact:

Name _____ Relationship _____

Phone _____

Name _____ Relationship _____

Phone _____

List the persons who MAY pick up your child from school. We will require I.D before the child is allowed to leave the premises.

Name _____ Phone _____

Name _____ Phone _____

List any person who MAY NOT remove your child from the school premises:

Name _____ Name _____

Health Information:

Family Doctor or Pediatrician _____ Phone _____

Medical Insurance Carrier _____

List diseases your child has had:

List allergies or physical limitations your child has:

Has your child ever been suspended or expelled from another school? _____

If YES, please give full details:

Describe your child's general health condition, diagnosis, medication, or other treatment which we would need to be aware of in order to protect the health and safety of your child or those around him. (Such would include, but not limited to, contagious diseases, administration of medication which may have physical reactions or side effects during school hours.)

Describe your child's social conduct. Include information in which the staff would need to be aware of to ensure the safety and well-being of your child or those around him. Such would include difficulties with attention, concentration, temper, fighting, or other threatened violence, either to self or others.

Is your child currently on medication for physical condition? List precautions their teacher needs to be aware of in case of adverse reactions during school hours.

General information

Does your child have career goals or special areas of interest?

What subjects or skills does your child feel they can accomplish successfully? What are their favorite subjects?

What subjects does your child feel they need assistance in understanding?

By signing below, I am stating that this information is true to the best of my knowledge, and if at any time, the information contained herein is found to be false, Applied Scholastics Academy Las Vegas has the right to immediately dismiss the student.

Name of Parent/Legal Guardian _____

Signature _____

Date _____

Accepted by _____

ASA LV Executive Director

