



MERIDIAN ACADEMY

Application for Admission

Please tell us about your child. This information will be used in conjunction with other data as part of the admission decision process. Your candid responses will help us learn more about your child. Please respond to each item, indicating "N/A" if applicable.

Applicant's Information

Applicant's Full Name _____ F M
last *first* *middle*
Applying for Grade _____ Applying for School Year 20 _____ 20 _____ Current Grade _____
Birthdate ____ / ____ / ____ Age in years _____ Name of Current School _____
month *day* *year*
Address of Current School _____
address *city* *state* *zip phone* *phone number*
Dates of Attendance _____ Learning Disability/IEP _____
Please attach copy of IEP

Parent/Guardian Information

Name of Father _____ <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. _____	Name of Mother _____ <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. _____
Home Address _____	Home Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Home Telephone _____	Home Telephone _____
Cellular _____	Cellular _____
Email _____	Email _____
Occupation _____	Occupation _____
Job Title _____	Job Title _____
Employer _____	Employer _____
Employer's Address _____	Employer's Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Work Telephone _____	Work Telephone _____

Family Information

Marital status of parents _____ If divorced, who has legal custody? _____
(Married, separated, divorced, widowed)

With whom does the student live? _____ Language Spoken at Home _____

Please list other children in the family:

Name _____	Age _____	School _____	Also Applying to Meridian <input type="checkbox"/>
Name _____	Age _____	School _____	Also Applying to Meridian <input type="checkbox"/>
Name _____	Age _____	School _____	Also Applying to Meridian <input type="checkbox"/>
Name _____	Age _____	School _____	Also Applying to Meridian <input type="checkbox"/>

What are your child's **school-related and after-school** interests and activities (music, art, athletics, hobbies, talents, clubs, organizations, and/or other special interests)?

Briefly describe your child's present school experience, including your child's attitude toward school.

What do you hope a Meridian Academy education will provide for your child?
