



Allegiance Academy

Application

Student Information

Today's Date: ___/___/___ Application for Grade_____ School Year 2021-2022

Student's Name (Last, First, MI)_____

Preferred Name_____

Date of Birth: ___/___/___

Student's Ethnicity_____

Primary Language Spoken at Home_____

Street Address:_____

City:_____ State_____ Zip_____

Home Phone:_____ Cell Phone:_____

Day Phone:_____

Current School:_____

Parent/Guardian Information

Name of Parent/Guardian 1_____

Salutations Mr. Mrs. Ms. Dr. Other_____

Relationship to the Student Father Mother Other_____

Custodial Rights Yes No If no, please provide documentation.

Financial Responsibility Yes No Receive Correspondence Yes No

Marital Status_____

Address (if different from the student)_____

City:_____ State_____ Zip_____

Home Phone:_____ Cell Phone:_____

Work Phone:_____

Email Address:_____

Occupation:_____

Employer_____



Name of Parent/Guardian 2 _____

Salutations Mr. Mrs. Ms. Dr. Other _____

Relationship to the Student Father Mother Other _____

Custodial Rights Yes No, if no please provide documentation

Financial Responsibility Yes No

Receive Correspondence Yes No

Marital Status _____

Address (if different from the student) _____

City: _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Email Address: _____

Occupation: _____

Employer: _____

Emergency Contacts and Authorization Pick-up

Emergency Contact 1

Name: _____

Relationship to the Student _____

Authorized Pick-Up Yes No

Home phone: _____ Cell Phone _____

Emergency Contact 2

Name: _____

Relationship to the Student _____

Authorized Pick-Up Yes No

Home phone: _____ Cell Phone _____

Emergency Contact 3

Name: _____

Relationship to the Student _____

Authorized Pick-Up Yes No

Home phone: _____ Cell Phone _____

Medical Information

Please list any medical issues your child may have, such as allergies, existing illness, previous serious illness, hospitalization, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information of which the staff should be aware. Children with chronic illnesses such as severe allergies or asthma, or those children with special circumstances, must have an individualized health care action plan on file from the child's medical provider. Food allergy information will be shared with parents who provide classroom snacks so snacks containing those foods or ingredients will not be served in class. All allergies listed must have an action plan on file. If your child does not have any medical conditions or allergies, please indicate "None."

Does the student have any medical conditions? Yes No

If yes, please explain.

Does the student have any allergies? Yes No

If yes, please explain.



Doctor _____

Phone _____

Address _____

Dentist _____

Phone _____

Address _____

Health Insurance

Does your child have health insurance? Yes No

Name of insurance _____

Insurance policy holder's name _____

Name of person responsible for paying the bills _____

My signature below confirms that the information in this enrollment packet is accurate, complete and honestly presented. I understand that providing any false information may result in my child's enrollment or re-enrollment.

Signature _____ Date _____

Printed Name: _____

Please download and complete the document. When finished scan an email to **academic-director@allegianceacademy.com**.

Enrollment Application is complete when Allegiance Academy has received:

Student Records

Standardized Test Scores or Norm-referenced scores

Transcripts

Parent Questionnaire

Student Essays

Health Records

Supporting Documentation