

Northstar Academy

STAFF USE ONLY

Accept Date _____

Exit Date: _____

Application for Admission

Program Information:

Date of Application: _____ Current Grade Placement _____

Please indicate program interest below:

- Lower School Program (grades K-2) Desired Date of Enrollment _____
(grades 3-5) Desired Date of Enrollment _____
- Middle School Program (grades 6-8) Desired Date of Enrollment _____
- Upper School Program (grades 9-12) Desired Date of Enrollment _____
- Summer Program Desired Date of Enrollment _____

Student Information:

Date of Birth: _____ Sex: _____ Age: _____ Social Security Number: _____

Name of Applicant: _____
(first) (middle) (last) (preferred name)

Address: _____ Apt. No. _____

City/Town: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Child Resides with: _____ Both Parents _____ Mother _____ Father _____ Other (please Specify Below)

If the child resides with only one parent/guardian, does that parent have sole custody? Please state custodians name: _____

Is there legal documentation prohibiting Northstar Academy from communicating with either parent? _____ If yes, which parent (state name) _____

If yes, documentation will be required upon acceptance .

Has the child been identified as a student with a disability? If so, by who _____

Child's Primary Disability: _____ Secondary (if applicable): _____

Has the student been identified with any medical condition? If so, please list the diagnosis including physicians name and date of diagnosis. _____

Please provide a copy of the most recent IEP and eligibility minutes

Family Information:

Name of Father/Male Guardian: _____
(first) (middle) (last)

Relationship to Child: _____

Address (if different from the above): _____

City/Town: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Pager: _____

Business Phone: _____ Business Fax: _____

Occupation: _____ Employer: _____

Email: _____

Name of Mother/ Female Guardian: _____
(first) (middle) (last)

Relationship to Child: _____

Address (if different from the above) _____

City/Town: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Pager: _____

Business Phone: _____ Business Fax: _____

Occupation: _____ Employer: _____

Email: _____

(Where applicable)

Name of Stepmother _____ Resides with Child _____

Stepfather _____ Resides with Child _____

Other Children in the Family:

Name: _____ Sex: M F Age: _____

Name: _____ Sex: M F Age: _____

Name: _____ Sex: M F Age: _____

List Persons Authorized to Pick-up Your Child:

(Please Print Name and Contact Number)

List Persons NOT Authorized to Pick-up Your Child:

(Please Print Name and Relationship)

_____	_____
_____	_____
_____	_____

Referral Information:

Who referred you to Northstar Academy or how did you learn about the school?

Name: _____ Profession: _____
(e.g.: physician, consultant, advocate, educator)

Address: _____

Other: _____ Phone: _____

Education Information:

Name of current school: _____ Grade at time of application: _____

School contact: _____ Phone: _____

School address: _____

City/Town: _____ State: _____ Zip Code: _____

Does your child currently receive support services (L.D. resource, speech/language, OT, PT)? ____Y ____N

If yes, please list providers name & telephone number: _____

Has the applicant ever been suspended, dismissed or expelled from school? ____Y ____N

Has there been any court involvement? ____Y ____N

If yes above, please state the reason and date:

Has the applicant ever repeated a grade: ____Y ____N

If yes, please specify which grade(s) and reason for being retained?

What are your/your child's future goals?
(e.g. return to public school, secondary education, vocational education, etc.)

Medical Information:

What is the applicant's medical history (current and past)? _____

Is the applicant now or has he/she been in the past under the care of a psychologist, psychiatrist, or other professional counselor, or medical personnel on an on-going basis. (Seen more than once)
Please provide the name and address of the attending professional and reason for consultation.

Name: _____ Position: _____

Address: _____

Telephone: _____ Fax: _____

Reason for consultation: _____

How often does counseling occur? _____

Does the applicant have a history of behavioral or emotional difficulties in the school or home setting? ____Y ____N

If yes, describe:

Financial Information:

Individual/Agency responsible for payment of tuition and other fees:

Phone: _____

Address: _____

City/ Town: _____ State: _____ Zip Code: _____

I, ___DO, ___DO NOT grant permission for Northstar Academy to use my child's art work, compositions, photos and/or any likeness of my child or ward, in publications, brochures, the school website, other advertising or activities.

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

Return the completed application to:
The Office of Admissions
Northstar Academy
8055 Shradler Road
Richmond, VA 23294
Phone: 804-747-1003 Fax: 804-747-1116
Website: www.northstaracademy.net

Stats – (Reporting Purposes Only)

Child Age: _____ Childs Grade: _____ Male: _____ Female _____

Child's Primary Disability _____ Secondary: _____

Child's County of Residence _____ Miles to School: _____

Ethnic Group:

Caucasian African American Hispanic Other - please specify _____

