



Allison
ACADEMY

Official Application for Enrollment

1881 NE 164th Street, North Miami Beach, FL 33162

Tel: (305) 940.3922 | Fax: (305) 940.1820

www.AllisonAcademy.com | AllisonAcademy@AllisonAcademy.com

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ALL INFORMATION MUST BE PROVIDED IN ORDER TO PROCESS APPLICATION

STUDENT APPLICANT INFORMATION:

DATE:

Applicant's Full Name: _____

Application for Grade Level #: _____
Date of Birth: _____ Social Security #: _____ Gender: Male Female

Mobile Phone #: _____ Home Phone #: _____
Address: _____

Birth Location: _____
City State Nation of Citizenship

Application for Grade Level #: _____ Beginning Term in (Month/Year) _____
Date of Birth: _____ Social Security #: _____ Gender: Male Female

Mobile Phone #: _____ Home Phone #: _____
Address: _____

Birth Location: _____
City State Nation of Citizenship

PARENT INFORMATION:

Father's Name: _____ Occupation: _____
Title (if applicable) Last First

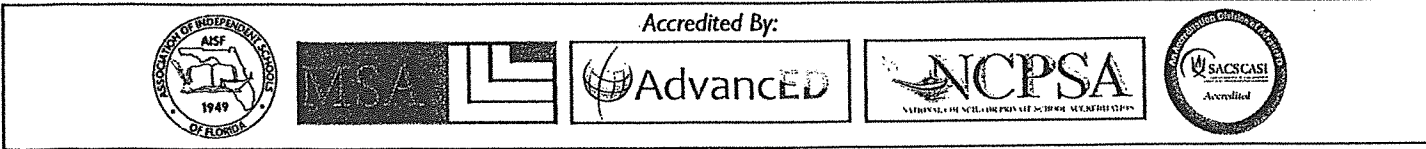
Address: _____
Street Apt/Bldg # City State/Province/Territory Zip Code Country

Home Phone #: (Inc. Country Code) _____ Mobile Phone #: _____
Email Address: _____ Company/Business Name: _____

Mother's Name: _____ Occupation: _____
Title (if applicable) Last First

Address: _____
Street Apt/Bldg # City State/Province/Territory Zip Code Country

Home Phone #: (Inc. Country Code) _____ Mobile Phone #: _____
Email Address: _____ Company/Business Name: _____



Please select if: Married Separated Divorced Remarried Single Parent Other: _____

Who has legal custody? _____

Whom does the student applicant currently live with? (Please explain if necessary.) _____

****DUPLICATE MAIL REQUESTS:**

Provide name & address of non-custodial parent if you wish that parent to receive school information & grade reports.

Name: _____ Telephone #: _____

Address: _____

Street Apt. # City State Zip Code Country

Person financially responsible for student's tuition and fees, if other than parent or guardian.

Name: _____ Telephone #: _____

Address: _____

Street Apt. # City State Zip Code Country

SIBLING INFORMATION:

Sibling's Name (FIRST): _____

Last First Middle

Address: _____

Street Apt. # City State/Province/Territory Zip Code Country

Mobile Telephone #: _____ Email Address: _____

Sibling's Name (SECOND): _____

Last First Middle

Address: _____

Street Apt. # City State/Province/Territory Zip Code Country

Mobile Telephone #: _____ Email Address: _____

Sibling's Name (THIRD): _____

Last First Middle

Address: _____

Street Apt. # City State/Province/Territory Zip Code Country

Mobile Telephone #: _____ Email Address: _____

Please list additional siblings on back.

EMERGENCY CONTACTS:

1.) Name: _____ Telephone #: _____

2.) Name: _____ Telephone #: _____

3.) Physician's Name: _____ Telephone #: _____

4.) SHOULD WE INCLUDE INSURANCE INFORMATION HERE AND CONTACT INFO POSSIBLY??

Current School Attending

Name: _____ Telephone #: _____

Address: _____

Street City State Zip Code Country

List All Schools Previously Attended (In the last 5 years):

1.) _____ 2.) _____

3.) _____ 4.) _____

How did you first learn of ALLISON ACADEMY? _____

Referred by (Agent's Name): _____

STUDENT'S INTERESTS AND ACHIEVEMENTS: (Please describe in each category that applies.)

Academic: _____

Athletic: _____

Artistic: _____

Musical: _____

Other: _____

PARENT'S QUESTIONNAIRE:

What are your expectations for your child? _____

What are your child's strengths? _____

Weaknesses? _____

GENERAL BEHAVIOR & STUDENT EVALUATION:

1.) Does the student have any outstanding abilities or deficiencies not covered by the above categories?

(Please select appropriate box.) Yes No

If yes, please explain: _____

2.) Does the student have any specific limitations that is affecting him/her currently? (ex. Physical, Emotional, Social)

(Please select appropriate box.) Yes No

If yes, please explain: _____

3.) Has the student ever been recommended for any of the following special programs? (Please select all that apply.)

Gifted Speech Learning Difference/Disabled Counseling Resource Room

4.) Below are descriptions of the student applicant's behavior, performance, and demonstrated abilities in different areas. Please read each item and compare the student's behavior with that of his/her classmates and peers.
 (Please select one answer for each row.)

ACADEMIC BEHAVIORS	Always	Almost Always	Sometimes	Never
1.) Follows Verbal Directions	_____	_____	_____	_____
2.) Follows Written Directions	_____	_____	_____	_____
3.) Completes Classwork Satisfactorily	_____	_____	_____	_____
4.) Completes Homework Satisfactorily	_____	_____	_____	_____
5.) Can Work Independently	_____	_____	_____	_____
6.) Can Work Collaboratively	_____	_____	_____	_____
7.) Works to His/Her Academic Potential	_____	_____	_____	_____
8.) Sustains Satisfactory Attention in Class	_____	_____	_____	_____
9.) Performs as a Dependable Student	_____	_____	_____	_____
10.) Exemplifies Intellectual Curiosity	_____	_____	_____	_____
11.) Exemplifies Analytical Ability	_____	_____	_____	_____
12.) Demonstrates Problem Solving Ability	_____	_____	_____	_____
13.) Exhibits Mathematical Skill & Interest	_____	_____	_____	_____
14.) Displays Academic Honesty	_____	_____	_____	_____
15.) Exhibits Personal Motivation	_____	_____	_____	_____
16.) Exhibits Good Conduct	_____	_____	_____	_____

(**Please comment on any inconsistencies in the student's academic behavior in the designated narrative section.**)

SOCIAL BEHAVIORS	Always	Almost Always	Sometimes	Never
1.) Demonstrates Self Control	_____	_____	_____	_____
2.) Demonstrates Respect & Courtesy	_____	_____	_____	_____
3.) Follows Group Norms & Social Rules	_____	_____	_____	_____
4.) Uses Appropriate Language	_____	_____	_____	_____
5.) Demonstrates Ability to Make Friends	_____	_____	_____	_____
6.) Behaves Positively Amongst Peers	_____	_____	_____	_____
7.) Demonstrates a Sense of Humor	_____	_____	_____	_____

(**Please comment on any inconsistencies in the student's academic behavior in the designated narrative section.**)

5.) Has any disciplinary action ever been taken in regards to your child's behavior?

(Please select appropriate box.) Yes No

If yes, please explain: _____

6.) Has your child ever been suspended, expelled, asked to withdraw, or denied readmission to any school?

(Please select appropriate box.) Yes No

If yes, please explain: _____

** Please use the below space to write a brief narrative report about this student, further describing and elaborating on some of the above questions/answers. Your time and effort in providing this additional information is greatly appreciated.

.....
By signing below, I am confirming that all information provided by the (student/parent/guardian) in this application is true and accurate.

STUDENT'S NAME PRINTED: _____ DATE: _____
STUDENT'S SIGNATURE: _____
(A Parent or Guardian's signature is required for any applicant under 18 years of age.)

PARENT/GUARDIAN'S NAME PRINTED: _____ DATE: _____
PARENT/GUARDIAN'S SIGNATURE: _____

****After completion of this entire application, please enclose copies of the applicant's official report cards, including current and last years' grades, the most recent official standardized test scores, and all attendance records.**

MAIL TO THIS ADDRESS:

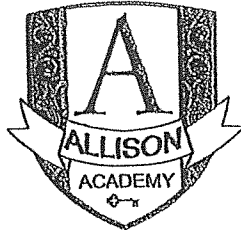
Allison Academy
1881 NE 164th Street
North Miami Beach, FL 33162

E-MAIL TO:

AllisonAcademy@AllisonAcademy.com

OR FAX TO:

305-940-1820



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PARENTAL PERMISSION FOR MEDICATION

Student's Name: _____ Grade: _____ Date: _____

1.) Does your child require prescribed medication to be taken during school hours?

(Please select appropriate box.) Yes No

If yes, please give name of medication and the time it needs to be administered to your child.

Name: _____ Time: _____

2.) Does your child require any non-prescribed medication to be taken during school hours?

(Please select appropriate box.) Yes No

If yes, please give name of medication and the time it needs to be administered to your child.

Name: _____ Time: _____

3.) Are there occasions when you approve the taking of medication, i.e., for colds, headaches, stomachaches, etc?

(Please select appropriate box.) Yes No

4.) Is there any other information we should know about your child's medication? _____

ALL MEDICATIONS must be handed in to the office before school. No student should carry medication with them to school. NO STUDENT WILL BE GIVEN MEDICATION of any kind unless we have the pre-approval of parents. If you are giving your approval, please sign below.

(Please select your desired authorization in the following sentence.)

I hereby give _____ do not give _____ authorization to the Administrator of Allison Academy to administer medication, as specified above, to my child.

PLEASE ATTACH OR ENCLOSE STUDENT'S IMMUNIZATION AND HEALTH RECORDS

Printed Name of Parent/Guardian _____

Date _____

Signature of Parent/Guardian _____

Relationship to Student _____



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PERMISSION AND LIABILITY RELEASE FORM

AS PARENT/GUARDIAN, _____, I HEREBY GIVE _____
PERMISSION TO LEAVE SCHOOL PROPERTY WITH A TEACHER OR STAFF MEMBER, EITHER WALKING
OR IN AN AUTOMOBILE, FOR LUNCH, ERRANDS, P.E., OR SCHOOL FIELD TRIPS. I FURTHER RELEASE,
ABSOLVE, INDEMNIFY, AND HOLD HARMLESS THE READING, MATH, AND LEARNING CENTERS, INC.
d/b/a ALLISON ACADEMY, FROM ANY AND ALL LIABILITY OF RISK OF LOSS, INCLUDING ATTORNEY
FEES AND COSTS, OR DAMAGE TO PROPERTY OR INJURY THAT IS INCURRED WHILE THE STUDENT IS
OFF SCHOOL PROPERTY.

Printed Name of Parent/Guardian _____

Date _____

Signature of Parent/Guardian _____

Relationship to Student _____

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AUTHORIZATION RECEIPT
For Use of Credit Card

Date: _____ Account: _____
(if known)

Student Name: _____

I authorize Allison Academy to apply payment for:

RECURRING MONTHLY CHARGES

Visa _____ MasterCard _____ Discover _____ American Express _____

Card # _____

Code on Back of Card (AMEX four on Front) _____

Expiration Date ____ / ____

Address credit card statement is sent to:

Zip _____

(Signature of Cardholder)

(Print name of Cardholder)

I understand and agree that all tuition charges and fees for services rendered are final and non-refundable.