



Return this Form to:

The Academy at Roosevelt Center
240 E. Maple Pocatello, Idaho 83201
Phone: 232-1447 Fax: 232-1448

STUDENT APPLICATION

Please fill out a complete application for each child

Today's Date: ____ - ____ - _____

School year child will start our school: 2010-2011

(child must be 5 years old as of Sept. 1st, 2010 for Kindergarten)

Child's Name: _____

Date of Birth: ____ - ____ - _____ Gender: Male Female (circle one)

Grade child will be in 2010-2011: _____

Current School attending: _____

Mother's Name: _____

Address: _____ City/State/Zip _____

Home Phone: _____ Work/Cell Phone: _____

Email: _____

Father's Name: _____

Address: _____ City/State/Zip _____

Home Phone: _____ Work/Cell Phone: _____

Email: _____

Siblings already attending The Academy: _____

Siblings also seeking admission (please include names, birthdates and grades):

I understand that this application is not a binding contract or a guarantee my child/children will receive a position in this school. Nor does it require me to send my child if they are drawn for a position, I can opt out at any time.

Legal Guardian/Parent Signature:

Special Education and 504 Services: The Academy at Roosevelt Center offers, free of charge, special education and 504 services to those students who meet federal and state requirements. All information regarding a student's ability level is confidential and protected through Family Education Rights and Privacy Act (FERPA). If you have questions about the programs and referral process, please contact the school office or refer to our brochure for more details.