

REGENTS ACADEMY

Student Application for Admission 2021-2022

We welcome you to the admissions process of Regents Academy. Please fill out a new student application *for each student* applying for enrollment, and return this completed application along with a family application to the office *prior* to scheduling an interview with the administration. Along with an interview, testing of each student will be required. Each applicant's potential, scholastic motivation, and moral character will be taken into consideration.

For office use:

- Date received _____
- Grade _____
- Appl. Fee pd _____
- Reg. Fees pd _____

Student	<p>Applicant: _____ <small style="display: flex; justify-content: space-between; width: 100%;"> LAST FIRST MIDDLE NAME USED </small></p> <p>Current grade: ____ Applying for: grade ____ beginning ____ (year)</p> <p>Age on Sept. 1 of beginning year: ____ years ____ months</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female Date of birth: ____/____/____</p>
Current School	<p>School applicant is attending or last attended: _____ <small style="display: flex; justify-content: space-between; width: 100%;"> NAME SCHOOL DISTRICT </small></p> <p>_____ <small style="display: flex; justify-content: space-between; width: 100%;"> ADDRESS CITY STATE ZIP CODE PHONE </small></p> <p>Teacher/counselor reference: _____ <small style="display: flex; justify-content: space-between; width: 100%;"> NAME PHONE </small></p> <p style="text-align: center;"><i>Please include copies of previous school records, most recent achievement test, birth certificate, and immunization records.</i></p>
Other Enrollment	<p>Has the applicant ever been dismissed from school or repeated a grade? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain. _____ _____</p> <p>Has the applicant ever been tested or received special help for reading or learning difficulty? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide additional information. _____ _____</p> <p>Has the student ever been diagnosed for or enrolled in any special education program or special school (e.g., resource room, L.D. placement, attention deficit, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain. _____ _____</p> <p>Does the applicant regularly require any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain. _____ _____</p>

Regents Academy, a Christian and Classical School, admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to other students at the school. Regents Academy does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies, or other school-administered programs.

Other Background Information

Can your child follow multi-step directions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, please explain.
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Can your child re-tell a simple story?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, please explain.
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Has your child had trouble with ear infections?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please explain.
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Have you noticed your child having trouble concentrating?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please explain.
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Do you have any family history of dyslexia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please explain.
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Does your child seem to take longer to complete tasks than their same age peers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please explain.
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Does your child seem to struggle with his/her pencil grip?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please explain.
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Does your child participate in imaginary play?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, please explain.
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Does your child engage socially with other children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, please explain.
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Does your child have trouble remembering facts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please explain.
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If reading, is your child comfortable with reading aloud?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, please explain.
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Can your child express his/her needs verbally?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, please explain.
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