



School Year _____ - _____

Student's full name _____
 (As it should appear on school records)

Male Female

_____ Date of Birth

_____ Place of Birth

_____ E-mail Address

Students home address:

Parent(s)/Guardian(s) _____

Address: _____

_____ City

_____ State

_____ Zip Code

Home Telephone: _____

Please list all members of the student's family household:

Parent(s) _____

Other Adult(s) _____

Sibling	Age	Present School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family Status (check all that apply)

- | | |
|--------------------------|------------------|
| Married | Single |
| Parents separated | Father deceased |
| Parents divorced | Mother deceased |
| Mother remarried | Father remarried |
| Was the student adopted? | Date _____ |

Financial responsibility for the student's tuition will be assumed by:

Address if different from above: _____

Father's full name _____

Street _____

City State Zip Code

Home Phone Cell Phone

Employer Position

Colleges attended Degrees

Mother's full name _____

Street _____

City State Zip Code

Home Phone Cell Phone

Employer Position

Colleges attended Degrees

Maternal grandparents

Name _____

Street _____

City _____ State _____ Zip Code _____

Paternal Grandparents

Name _____

Street _____

City _____ State _____ Zip Code _____

Names and relationship of any family members who are attending or have attended European Academy of Early Education

Your child's present pre-school: _____ Dates of Enrollment: _____ to _____

Pre-school address: _____

Pre-school phone: _____ Teacher of Advisor: _____

Has your child had any specialized tests of evaluations? If so, please list:

Test/Evaluation: _____ Administered by: _____ Date: _____

Test/Evaluation: _____ Administered by: _____ Date: _____

Has your child received any specialized tutoring or private treatment within the last two years? If so, please describe.

Health

Describe your chil'd general health: _____

Does your child have any physical limitations of allergies which would limit his/her participation in the full range of school activities? If so, please describe them briefly: _____

Has your child ever suffered any serious illness, injury, or hospitalization? _____

Is your child currently receiving any medication? If so, please list: _____

Our primary goal in the admission process is to try to find the right fit between school, student, and family. Please answer the following questions to help us get a better sense of your son or daughter as a unique individual and the values around which you have built your family. Please feel free to attach additional sheets.

What is it about European Academy of Early Education that appeals to you? Why do you think it would make a good choice for your son or daughter?

Describe your child's previous pre-school experience:

Describe the aspects of your child's previous pre-school experience with which you have been most pleased:

Has your child experienced any difficulties in school? If so, what support have you or the school provided?:

What would you more like to see our school accomplish with your child over the next few years?

How does your child spend his/her time outside of school (e.g. sports, clubs, hobbies, classes, special activities, etc.)?:

What are your child's major interests at this time?:

Please describe your child's social relationship with adults and other children:

Your application is regarded as a formal request for consideration of your son or daughter as a potential student at European Academy of Early Education and is authorization to our office to obtain transcripts and recommendations from previous pre-schools.

EAAE welcomes and considers all application without regard to race, religion, or ethnic or national background.

Authorization for the Release of Records

School _____ Teacher of Advisor _____

Address _____ School Phone _____ Fax _____

On behalf of my child, _____ who is presently enrolled as a student at your school, I have applied for admission to the European Academy of Early Education beginning with the term starting _____ 20_____. I hereby authorize you to release a complete copy of his/her file. Please include a transcript of his/her academic record, health forms, relevant test scores, teachers' comments, and observations of his/her overall development and progress.

Signature of parent or guardian

Date

Please forward these records to:
European Academy of Early Education
239 Albee Road, Nokomis, FL 34275 • Phone 941-412-0088