



School year _____ - _____ Grade applying _____

We would appreciate a recent photograph of your son or daughter.

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

Male Female

_____ Date of Birth _____ Place of Birth _____ Email Address

Student's home address:

Parent(s)/Guardian(s) _____

Address: _____

_____ Home Telephone _____ City _____ State _____ Zip Code

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 Parents divorced

Title _____

Father's full name _____

Street _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Employer _____ Position _____

Title _____

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

For invoicing purposes

Mailing Address: _____

Email Address: _____

Mother's full name _____

Street _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Employer _____ Position _____

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 Early Education

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

Pre-school address _____

Pre-school phone _____ Teacher or Advisor _____

Has your child had any specialized tests or 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 child's general health _____

Does your child have any physical limitations or 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 _____
_____**Authorization for the Release of Records**

School _____ Teacher or 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 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

For office use only:

Date application received _____ Date application fee received _____

Payment: Amount \$ _____ Method: Check # _____ Credit Card To be invoiced