

APPLICANT'S NAME _____ GRADE _____

APPLICATION FOR ADMISSION



7415 Fayetteville Road. • Durham, NC 27713
Telephone: (919) 544-5652
Fax: (919) 544-3050

We would like to thank you for considering Southpoint Academy in the educational future of your child. You are to be commended for taking the time to make an informed decision about one of the most important aspects of parenting--your child's education. We are committed to thoroughly preparing each student spiritually, academically, and socially for success in life. We truly feel that we can provide quality education for your children. We commit to creating an environment to provide students with the best learning experience that they will ever encounter. We look forward to partnering with to prepare your child(ren) for success in life.

Educational Information:

1. School Last Attended or Currently attending by student: _____
2. Address of previous school: _____
3. Student Grades Have Been: Superior Above Average Average Below Average
4. Has your child ever repeated a grade? Yes No If yes, what grade? _____
5. Has this student ever been suspended, expelled, dismissed, or severely disciplined in any school? Yes No
If yes, please explain: _____

6. Does your child have any health problems? Yes No If yes, describe: _____

7. Medication for diagnosed condition? Yes No If yes, name of medication _____
8. Are you aware of any spiritual, physical, emotional, or academic problem concerning your child? Yes No
If yes, describe: _____

Please attach any diagnostic tests for ADD, ADHD, LD, etc. so we may better assist your child.

Emergency Medical Information:

Emergency contacts after parents:

Name	Relationship	Home Phone	Work / Cell Phone
1.			
2.			
3.			
Child's Doctor:		Office Phone :	
Child's Dentist:		Office Phone :	
Hospital Preference:			
Allergies:			
Medical Concerns:			
Insurance Carrier:		Policy #	

I agree that the Academy may authorize a physician of its choice to provide emergency care in event that neither I nor my child's doctor can be reached immediately. The Academy will provide the necessary transportation for emergency care.

I will send separate written permission and instructions for any other medication my child may need.

Pick-Up Information:

The following persons have permission to pick up your child from the Academy:

Name	Relation	Home Phone	Work / Cell Phone
1.			
2.			
3.			
4.			

A student is not officially enrolled at Southpoint Academy until appropriate fees have been paid and the Academy administration has reviewed all information relative to enrollment; including, but not limited to the student's academic and conduct records.

Southpoint Academy does not discriminate with respect to race or national origin in the enrollment of students or in the hiring of employees.

Parent / Guardian Signature _____ Date _____

Parent / Guardian Signature _____ Date _____

OFFICE USE ONLY

Date Enrolled: _____
Date of Interview: _____
Date Discharged: _____

Accepted in Grade: _____
Transcript Requested: _____
Transcript Received: _____