



Believe-N-U Academic Development Center

4710 Owens Way, Prince George, VA 23875

PO Box 1297

Phone: (804) 458-5812

www.believe-n-u.com

STAFF USE ONLY

Acceptance Date: _____

Grade Entering: _____

Start Date: _____

Private _____

Public _____

2015-2016 Application for Admission

Believe-N-U Academic Development Center admits students of any race, color, sexual orientation, religion or national and ethnic origin to all of the rights and privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, gender, color, religion, physical, mental, emotional or learning disability, sexual orientation or national and ethnic origin in the administration of its education policies, admission policies, or other school administered programs.

PROGRAM INFORMATION - Please select one:

School Program

(Grades K-2) – Requested Start Date: _____

(Grades 3-5) – Requested Start Date: _____

(Grades 6-8) – Requested Start Date: _____

Summer Camp

(Grades K-2) – Requested Start Date: _____

(Grades 3-5) – Requested Start Date: _____

(Grades 6-8) – Requested Start Date: _____

Extended Day School Program

Yes No

After- School Transitional Services

Yes No

APPLICATION INFORMATION

Student's Name: _____
Last First Middle Nickname

Date of Birth: _____ Sex: _____ Age: _____ Social Security Number: _____
Month/Day/Year

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Grade Level (Circle One): 1 2 3 4 5 6 7 8

Believe-N-U Academic Development Center has my permission to assess/test my child. Yes No

Child resides with: Mother Father Other: _____
Please Specify

Does your child reside with only one parent/guardian? Yes No If yes, does that parent have sole custody?

Custodian's name: _____

Is there legal documentation prohibiting Believe-N-U Academic Development Center from communicating with either parent? Yes No

If yes, legal documentation will be required upon acceptance. Please write parent's name below:

Has the child been identified as a student with a disability? Yes No If yes, please provide disability category:

Child's Primary Disability: _____ Secondary (If applicable): _____

Please attach a copy of the most recent Individual Education Plan (IEP), eligibility minutes and current evaluations to this application.

Does your child have any medical conditions? Yes No If yes, please list the physician's name, diagnosis and date of diagnosis: _____

Does your child have any food allergies? Yes No If yes, please list: _____

Does your child have any dietary restrictions? Yes No If yes, please list: _____

FAMILY INFORMATION

Relationship: Father Guardian- Name: _____
Last First Middle

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____

Occupation: _____ Employer: _____

Email: _____

Relationship: Mother Guardian -Name: _____
Last First Middle

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____

Occupation: _____ Employer: _____

Email: _____

IMMEDIATE & EXTENDED FAMILY

Stepmother: _____

Resides with Child: Yes No

Stepfather: _____

Resides with Child: Yes No

List siblings below:

Name: _____ Sex: M F Age: _____

Name: _____ Sex: M F Age: _____

Name: _____ Sex: M F Age: _____

Name: _____ Sex: M F Age: _____

PERSON(S) AUTHORIZED TO PICK UP CHILD

Name: _____ Contact Number: _____

Name: _____ Contact Number: _____

Name: _____ Contact Number: _____

List emergency contact person out-of-state name and contact number: _____

REFERRAL INFORMATION

How did you hear about Believe-N-U Academic Development Center? _____

If you were referred, please provide their contact information below:

Name: _____ Occupation: _____
(e.g., Counselor, Social Service, Advocate, Educator)

Address: _____ City: _____ State: _____ Zip Code: _____

EDUCATIONAL INFORMATION

Current School: _____ Grade at time of application: _____

School Contact: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Does your child receive support services (e.g., Occupational Therapy, Speech/Language, etc.)? Yes No

Please list contact information for provider(s):

Name: _____ Profession: _____
(e.g., Physician, Consultant)

Address: _____ City: _____ State: _____ Zip Code: _____

Has the child ever been suspended, dismissed or expelled from school? Yes No

If yes, is the court involved? Yes No Please explain the reason and date:

Has the child ever repeated a grade? Yes No If yes, please specify which grade(s) and reason:

What are your goals for your student's future? (e.g. return to public school, etc.)

MEDICAL INFORMATION

What is the child's medical history? _____

Has the child been under the care of a medical professional (e.g., Psychologist, Psychiatrist, Counselor) in the past or currently? Yes No If yes, was he/she seen on an ongoing basis? _____

Date of last physical: _____

Any problems? Yes No

If "yes", please explain: _____

Primary Physician Name: _____ Telephone Number: _____

Family Dentist Name: _____ Telephone Number: _____

Please list all regularly used medications. Include times they are given: _____

Please list all allergies and/or drug sensitivities: _____

Please list any complications from childhood diseases: _____

Please list any mental/emotional conditions: _____

Please provide the name and address of the attending professional and reason for consultation.

Name: _____ Position: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Reason for consultation: _____

If the child is in counseling, how often does it occur? _____

Does the child have a history of behavioral or emotional difficulties in the school or home setting? Yes No

If yes, please describe: _____

HEALTH INSURANCE INFORMATION

Does the student have health insurance? Yes No If no, parent assumes all responsibility for payment if there is a need to seek medical attention while in the care of Believe-N-U Academic Center. **Initials:** _____

Insurance Carrier Name: _____

Insurance Carrier Address: _____ City: _____ State: _____ Zip Code: _____

Group Number: _____ Subscriber ID Number: _____

FINANCIAL INFORMATION

Funding Source: Private/Individual Public/School

Contact Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____ Business Fax: _____

Email: _____

PARENTAL STATEMENT

Please describe your child’s educational development and current needs as you see them. Attach a separate sheet if necessary.

Please describe your child’s social and emotional development and current needs as you see them.

Please describe your child’s strengths, both in and out of the classroom.

Please describe your child’s ability to manage life skills (self-care, chores, friendships).

Please describe your child’s interests and hobbies.

ART RELEASE

I, ___ DO, ___ DO NOT grant permission for Believe-N-U Academic Development Center to use my child’s art work, compositions, photos and/or any likeness of my child or ward, in publications, brochures, the school website, other advertising or activities.

STATISTICAL DATA - Required

Child's County of Residence _____ Miles to School: _____

Ethnic Group:

Caucasian African American Hispanic Other, please specify: _____

APPLICATION STATEMENT

Believe-N-U Academic Development Center admits students of any race, color, sexual orientation, religion or national and ethnic origin to all of the rights and privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, gender, color, religion, emotional or learning disability, sexual orientation or national and ethnic origin in the administration of its education policies, admission policies or other school administered programs.

_____ I have attached a \$50.00 non-refundable application fee.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Thank you for your interest in Believe-N-U Academic Development Center! Please return the completed Believe-N-U Academic Development Center Enrollment Application, School Entrance Health Form and the Student Records Release Form to:

Believe-N-U Academic Development Center
PO Box 1297
Prince George, VA 23875

Attention: School Administrator



Student Records Release Form

Current School: _____ School: Public Private
Home School Address: _____ City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Name of Head of School/Director/Principal: _____
Name of Guidance Counselor: _____
Student's Present Grade: _____ Date of Birth: _____

_____ has applied for admission to:
(Student Name)

Believe-N-U Academic Development Center for grade _____ for the 20__-20__ academic year.

Please submit all school records including the following information:

- Standardized test results, including SOL test scores
- Report Cards
- Functional Behavioral Assessment/Behavior Intervention Plans
- Determination of Eligibility - psychological, educational, speech and language, occupational therapy and physical therapy.
- Individual Educational Plans
- Disciplinary records and Attendance records
- Copy of Physical including immunization records

**Please send records to the attention of:
Believe-N-U Academic Development Center
Demetria Jennings, School Administrator
PO Box 1297
Prince George, VA 23875
Phone: 804-458-5812 Fax: 804-234-8797**

I hereby grant permission for the release of the above records and any other information that may be useful for admissions and educational planning concerning my child.

Signature, Parent/Guardian _____ Date _____

Printed Name _____