



LINKS ACADEMY

Admissions Application

Applicant Information

Anticipated Start Date _____ School Year _____ Current Grade _____

Name _____ Date of Birth _____

Known as _____ Male _____ Female _____ Social Security _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Parent 1

Mr. _____ Mrs. _____ Ms. _____ Dr. _____ Other _____

Name _____

Relationship to Applicant _____

Check One: Biological _____ Step Parent _____ Adoptive _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Occupation _____ Company Name _____

Business Address _____

City _____ State _____ Zip _____

Business Phone/Email _____

Parent 2

Mr. _____ Mrs. _____ Ms. _____ Dr. _____ Other _____

Name _____

Relationship to Applicant _____

Check One: Biological _____ Step Parent _____ Adoptive _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Occupation _____ Company Name _____

Business Address _____

City _____ State _____ Zip _____

Business Phone/Email _____

CHECK IF APPLICABLE:

____ Parents Separated ____ Parents Divorced ____ Mother Remarried ____ Father Remarried

____ Mother Deceased ____ Father Deceased ____ Sibling Deceased

If parents are divorced or separated, what is the custodial arrangement? _____

SIBLING INFORMATION:

Name _____ Current School _____ Age _____

Name _____ Current School _____ Age _____

Name _____ Current School _____ Age _____

Please list the schools attended by the applicant (please include the years and grades):

School _____ Year(s) _____ Grade(s) _____

School _____ Year(s) _____ Grade(s) _____

School _____ Year(s) _____ Grade(s) _____

Has the applicant ever skipped a grade? Yes No If so, grade _____

Has the applicant ever repeated a grade? Yes No If so, grade _____

What is the applicant's primary language? _____

What other languages are spoken at home? _____

Has the applicant ever been recommended for additional educational, emotional, social, or behavioral evaluations?

Yes No

If yes, what type of evaluation? _____

Dates of evaluations: _____

Has the applicant been diagnosed with any special physical, emotional, or learning needs?

Yes No

If yes, please explain: _____

Is the applicant currently seeking or participating in counseling? Yes No

Is the applicant currently taking any prescription medications? Yes No

If yes, please list medications _____

Does the applicant have any history of theft, tobacco use, alcohol abuse, illicit drug use, prescription drug abuse, fire setting, or school avoidance? Yes No

If yes, please explain _____

Has the applicant ever been Suspended Expelled Withdrawn From School

If yes, please explain _____

Emergency Daytime Contact (Other than parents):

Full Name: _____ Relationship: _____

Primary Phone: _____ Secondary Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

EVALUATIONS:

I have provided GEG with any psychological or educational evaluations done in or outside of school. _____ Yes _____ No

I certify that I have provided GEG with all the information and reports regarding any psychological or educational evaluations conducted.

Please Initial here: _____

I permit a GEG staff member to administer certain medications at his/her discretion and upon the student's request:

Ibuprofen (Advil): _____ Yes _____ No

Acetaminophen (Tylenol): _____ Yes _____ No

Other: _____ (please provide)

I permit my child to give him/herself the below medication which he/she will have in his/her schoolbag:

Prescribed Inhaler: _____ Yes _____ No

Prescribed EpiPen: _____ Yes _____ No

Other: _____ (please provide)

Student can lead a normal school life, including participation in a full exercise program:

_____ Yes _____ No

I confirm that the information disclosed on the admissions application, to the best of my knowledge, is true.

Signature of Parent 1 _____ Date _____

Signature of Parent 2 _____ Date _____

How did you hear about us? _____