



## APPLICATION FOR ADMISSION

Applications for admission are complete when the following documents are submitted:

- ✓ Parent Questionnaire
- ✓ Teacher Questionnaire
- ✓ Copy of most recent psycho-educational testing
- ✓ Copy of most recent I.E.P. (for students attending public school)
- ✓ Application form

MAIL TO: De LaSalle Academy, 8871 De LaSalle Academy Way, Fort Myers, FL 33912

Date of Application: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Gender: \_\_\_M \_\_\_F Age: \_\_\_\_\_ years \_\_\_\_\_ months

Person completing this application: \_\_\_ Mother \_\_\_ Father \_\_\_ Guardian

Mother's Name: \_\_\_\_\_ Home phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Cell phone: ( ) \_\_\_\_\_

\_\_\_\_\_ Other: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Do you check email daily? \_\_\_yes \_\_\_no

Father's Name: \_\_\_\_\_ Home phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Cell phone: ( ) \_\_\_\_\_

\_\_\_\_\_ Other: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Do you check email daily? \_\_\_yes \_\_\_no

*(If applicable)*

Guardian's Name: \_\_\_\_\_ Home phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Cell phone: ( ) \_\_\_\_\_

\_\_\_\_\_ Other: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Do you check email daily? \_\_\_yes \_\_\_no

Child's current school: \_\_\_\_\_

Address: \_\_\_\_\_

**FOR OFFICE USE ONLY:** Date of Receipt \_\_\_\_\_ Reviewed by: \_\_\_\_\_

\_\_\_\_ Parent Questionnaire Rec'd  
\_\_\_\_ Teacher Questionnaire Rec'd  
\_\_\_\_ Psycho-educational Testing Rec'd  
\_\_\_\_ I.E.P. Rec'd or \_\_\_\_ NA

\_\_\_\_ Return  
\_\_\_\_ Consultation Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Level: \_\_\_\_\_