



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, 6401 Techster Blvd, Fort Myers, FL 33966

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: _____