

PLEASE
ATTACH
SNAPSHOT

THE ANTHONY SCHOOL

7700 Ohio Street
Little Rock, AR 72227
Phone: (501) 225-6629
Fax: (501) 225-2149

APPLICATION FOR ENROLLMENT

This application is to be completed for each child applying. The more we learn about your child, the better we can help you decide if The Anthony School is the best place for him/her and plan his/her future education. Information on the application is confidential.

Date you wish student enrolled _____ month _____ year Date of Application _____

Child's Name _____ (last) _____ (first or nickname) _____ (middle)

Birth Date _____ / _____ / _____ Age _____ (years) _____ (months) Male Female

Address _____ (street and number) _____ (city and state) _____ (zip)

Phone (home) (_____) _____ Email Address _____

Present School Grade _____ Present School _____

Grade Upon Entering	PreSchool	Full Day	Half Day	Elementary	Middle School
	3-Year-Old	<input type="checkbox"/>	<input type="checkbox"/>	1st Grade <input type="checkbox"/>	6th Grade <input type="checkbox"/>
	M-F <input type="checkbox"/>			2nd Grade <input type="checkbox"/>	7th Grade <input type="checkbox"/>
	T/Th <input type="checkbox"/>			3rd Grade <input type="checkbox"/>	8th Grade <input type="checkbox"/>
	M/W/F <input type="checkbox"/>			4th Grade <input type="checkbox"/>	
	Pre-K <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5th Grade <input type="checkbox"/>	
Transition <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Kindergarten <input type="checkbox"/>	<input type="checkbox"/>				

AFTERCARE			
Please indicate days you will need after school supervision:			
Monday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	Friday	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>		

FAMILY DATA

Father's Name _____ Occupation _____

Business _____ Business Phone _____ Cell _____

Mother's Name _____ Occupation _____

Business _____ Business Phone _____ Cell _____

Applicant resides with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____
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Check all that apply: <input type="checkbox"/> Parents are separated <input type="checkbox"/> Parents are divorced <input type="checkbox"/> Mother has custody <input type="checkbox"/> Father has custody <input type="checkbox"/> Father is deceased <input type="checkbox"/> Mother is deceased

SIBLINGS	Name	Age	Gender	Grade
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Has any member of this child's family been a student at The Anthony School? YES NO

If yes, please list name(s) and year(s) of attendance: _____

Maternal Grandmother: _____ Address: _____ _____	Maternal Grandfather: _____ Address: _____ _____
Paternal Grandmother: _____ Address: _____ _____	Paternal Grandfather: _____ Address: _____ _____

Please describe briefly your child's adjustment to school, Sunday School, camp or other group activities separate from family events. Include how he/she relates to counselors, teachers, or other adults, as well as to peers. _____

Please describe any concerns you have had regarding your child's motor and language development (e.g. walked or talked late, wore braces for orthopedic reasons). _____

The applicant is: Right-Handed Left-Handed Ambidextrous

Please list special abilities, talents, or personal traits of your child. _____

Has the child ever been given psychological tests or an educational evaluation for learning difficulties? YES NO

If yes, when? _____ By whom? _____

What were the results? _____

PLEASE SUBMIT ALL TESTING AND RESULTS.

Are there any physical (allergies, medications, etc.) or emotional factors of which the school should be aware?

If so, please explain _____

Check any of the following descriptive terms applicable to your child on a consistent basis.

- | | | | | | |
|---|---------------------------------------|--|----------------------------------|---------------------------------------|---|
| <input type="checkbox"/> exceptionally bright | <input type="checkbox"/> enthusiastic | <input type="checkbox"/> competitive | <input type="checkbox"/> shy | <input type="checkbox"/> likes school | <input type="checkbox"/> easily satisfied |
| <input type="checkbox"/> average intelligence | <input type="checkbox"/> easy going | <input type="checkbox"/> non-competitive | <input type="checkbox"/> anxious | <input type="checkbox"/> aggressive | <input type="checkbox"/> poor concentration |

FOR ELEMENTARY AND JUNIOR HIGH APPLICANTS:

In which academic areas is the applicant strong? _____

In which academic areas is the applicant weak? _____

What are your expectations of The Anthony School?

Who referred you to The Anthony School? _____

Has this student ever been permanently expelled from another school? _____

The Anthony School, Inc. has my permission to contact the principal and/or teachers of my child's previous schools.

(Parent/Guardian)

(Date)