

The Flint Academy

"Where we recognize that your child is eternally significant"

APPLICATION for ENROLLMENT

Application date _____

STUDENT INFORMATION

Student's Name: _____
(last) (first) (middle)

Student's Address: _____

Age: _____ **Birthdate:** _____ Male: _____ Female: _____

Grade Level your child last completed or, if in mid-year, grade your child is in now:

Grade completed: _____ **Grade in now:** _____

Special Learning Needs/Health Needs: (explain in detail)

List all other schools child has attended (school name, city, and dates):

FAMILY INFORMATION

Mother/Legal Guardian:
Name: _____
(last) (first) (middle)

Home address (If different from child's):

Home phone: _____ **Cell Phone:** _____

E-Mail Address: _____

Employer and address: _____

Business Phone: _____ Occupation: _____

Father/Legal Guardian:
Name: _____
(last) (first) (middle)

Home address (If different from child's):

Home phone: _____ **Cell Phone:** _____

E-Mail Address: _____

Employer and address: _____

Business Phone: _____ Occupation: _____

How did you learn about The Flint Academy?

What influenced you to enroll your child in The Flint Academy?

What have you found lacking in other educational settings?

What have you found that you liked in other educational settings?

What is important to you about an educational setting for your child?

Describe your child's temperament, interests, special attributes so that teachers can better work with him/her.

Mail your application along with the nonrefundable \$750 registration fee to

Paula J. Flint, Ph.D.

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