

Science & Arts Academy

1825 Miner Street, Des Plaines, IL 60016 Phone 847-827-7880 Fax 847-827-7716

APPLICATION FOR ADMISSION

Applicant Information:

Name _____
First Initial Last

Address _____
_____ zip _____

Telephone () _____

Date of birth _____ Sex _____

Has this applicant applied to or attended SAA before? _____ Year(s) _____
Other schools to which applicant is applying _____

Is your family new to SAA? Yes _____ No _____

Family Information:

Parent/Guardian (circle: mother / father)
Mr. Ms. Mrs. Dr. PhD. Rev. (circle preferred)

Name _____

Occupation _____

Firm _____

Bus. phone () _____

Cell phone () _____

E-mail _____

Home information (if different than applicant)
Address _____
_____ zip _____

Telephone () _____

Anticipated start date _____

Present school / last school attended:

Address _____
_____ zip _____

Years at this school _____ Present grade _____

Is enrollment dependent on financial aid? _____
(An application will be sent to you.)

Parent/Guardian (circle: mother / father)
Mr. Ms. Mrs. Dr. PhD. Rev. (circle preferred)

Name _____

Occupation _____

Firm _____

Bus. phone () _____

Cell phone () _____

E-mail _____

Home information (if different than applicant)
Address _____
_____ zip _____

Telephone () _____

Are parents divorced or separated? _____ If yes, who has custody? _____
School mailings will go to one address. Indicate the preferred address:

Siblings

Name	Age	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

CONTINUE ON THE BACK

General Information

About your child

1. Describe any physical, emotional or developmental needs of which the school should be aware.

2. Child's special strengths (i.e. early speech, early reading, math aptitude, creativity, etc.):

3. Does your child have an interest in or talent in the fine arts (art, drama, music)?

4. How would you most closely describe your child?

Circle three: shy social very outgoing intensely focused active easy going strong feelings sensitive

5. Is there anything else about your child's abilities or personality you would like to share?

If age 6 or older:

6. Has your child been recommended for special support services? Yes _____ No _____ Explain: _____

Is your child receiving accommodations? Yes _____ No _____ Explain: _____

7. Has the school done any acceleration (pull-out or gifted services)? Yes _____ No _____ Explain: _____

If your child has completed at least first grade:

8. How do you view your child's success in school?

__ unsuccessful __ somewhat successful __ successful __ very successful

a. **Attach** a writing sample in your child's handwriting on one of the following – favorite hobby, favorite academic subject, or a topic of your child's own.

b. **Attach** the most recent school report card.

9. Is your child accustomed to homework and how much per evening? _____

To help us plan for future enrollment, please indicate your intention by circling the most likely circumstance:

I plan to have my child attend SAA

1. for pre-school only 2. through graduation

For the purpose of reporting statistics to our accrediting agency, Independent Schools Association of the Central States, we ask that you share the applicant's background information. Please check one:

African American Latino American Asian American Native American
 Middle Eastern American Multi-racial Caucasian

How did you learn about SAA? _____

PLEASE SIGN THIS APPLICATION ON THE NEXT PAGE

Science & Arts Academy does not share individual medical, diversity, family or school information with any individual or organization without signed parental consent.

Science & Arts Academy welcomes students of any race, creed, and national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the Academy.

PLEASE SIGN BELOW AND RETURN THIS FORM WITH A NON-REFUNDABLE APPLICATION FEE OF \$75.00

Make your check payable to: Science & Arts Academy

Applicant name _____

I attest that all the information I have provided is complete and accurate to the best of my knowledge. I understand that Science & Arts Academy's acceptance of this application does not guarantee enrollment and that all new applicants are part of the waiting pool with openings filled at the Academy's discretion. I also understand that enrollment is complete only after an enrollment contract has been signed by me, accepted by the Academy, and a non-refundable tuition deposit has been paid.

Further, in the event my child needs medical attention while under school supervision, I authorize, appoint and empower an Academy representative to furnish on my behalf such written or oral authorizations as may be required in order that my child be furnished with medical services as soon as reasonably possible after the need arises.

I give my permission for a representative of Science & Arts Academy to contact my child's current school and/or last attended.

Parent or guardian signature _____ Date _____

2nd parent or guardian signature _____ Date _____

If this applicant is invited to attend but does not enroll by the anticipated start date or date mutually agreed upon by the parents and the Science & Arts Academy representative, this application and all accompanying documentation will be destroyed within 30 days of notification to Science & Arts Academy.

If this applicant is not invited to attend, this application and accompanying documentation will be destroyed within 30 days of notification to the parents of non-acceptance.

FOR SCHOOL ADMINISTRATION USE ONLY

Application fee received _____ Check # _____ Supporting documents _____ School visit _____

Accepted yes ____ no ____ Program _____ School year _____

Headmaster signature _____ Date _____