



Admission Application

(all information will be treated confidentially)

Student's Full Name _____

Birthdate: Day _____ Month _____ Year _____ Commonly Used Name _____

Application for Grade _____ for the school year beginning September, 20 _____

Parent's Name _____ Telephone _____

Home Address _____ City _____ Postal Code _____

Email Address _____ Occupation _____

Employer's Name _____ Bus. Phone _____

Address _____ City _____ Cell. Phone _____

Parent's Name _____ Telephone _____

Home Address _____ City _____ Postal Code _____

Email Address _____ Occupation _____

Employer's Name _____ Bus. Phone _____

Address _____ City _____ Cell. Phone _____

Alternate Emergency Contact _____

relationship to child _____ Telephone _____

If Parents are separated or divorced, please indicate with whom the child is living.

Present School _____ Grade _____

School Address _____ Principal _____

Signed _____ Date _____

Are you interested in our transportation programme? Yes No

Please indicate here if you would kindly like to make a tax deductible donation to the Lee Academy Scholarship Foundation. (Our staff will follow up with you to help you do so.)

Please check this box if your family meets the criteria for a scholarship for your child based on the description on our website. (Our staff will follow up with you to provide a further application and income statement form.)