

# — APPLICATION



ADLIFE  
ACADEMY

**More Information :**

[info@adlifeacademy.com](mailto:info@adlifeacademy.com)

626-209-9411

[www.adlifeacademy.com](http://www.adlifeacademy.com)



Please complete the form below. We look forward to receiving your application and learning more about your student's educational goals and needs. Once completed, kindly email the application to [info@adlifeacademy.com](mailto:info@adlifeacademy.com)

## APPLICANT INFORMATION:

Student's Full Name:

Enrolling in Grade Level:  1  2  3  4  5  6  7  8 School Year Applying For:

Mailing Address:

City:  State:  Zip Code:

Name of Current School:  Primary Language:

Is this a:  Public School  Private School  Homeschool Charter/PSA/PSP

## PRIMARY PARENT/GUARDIAN INFORMATION:

### Parent/Guardian #1:

Full Name:

Mailing Address: (if different from student):

City:  State:  Zip Code:

Cell #:  Home Telephone #:

E-Mail:  Are you interested in subscribing to our email newsletter?  Y  N

Employer:  Work #:

### Parent/Guardian #2 (optional):

Full Name:

Mailing Address (if different from student):

City:  State:  Zip Code:

Cell #:  Home Telephone #:

Employer:  Work #:

E-Mail Address:

## STUDENT ACADEMIC HISTORY:

This section is designed to help us gain a deeper understanding of your student's educational background and identify the specific areas where we can offer support. Our primary goal is to ensure we provide the best possible education tailored to your student's needs.

Tell us about your student's interests, unique abilities, and talents.

Tell us about your student's educational strengths and weaknesses.

Tell us about your student's personality and character.

Does your student require any additional support or accommodations?

Does your student have a medical or mental health condition that we should be aware of for well-being and/or safety reasons?

  
Y  
N

If yes, please describe:

Does student have any disabilities or health conditions that may require accommodations or support at school?

  
Y  
N

If yes, please describe:

Does student have any disabilities or health conditions that may require accommodations or support? Has your child been diagnosed with ADD, ADHD or is on the Autism Spectrum? Does your student have an IEP? If yes, please describe:

  
Y  
N

continued...

## DISCIPLINARY DISCLOSURES:

Has your student ever been diagnosed or treated for any behavioral or disciplinary issues?

  
Y  
N

If so, please describe briefly:

Has your student ever been suspended or expelled from school?

  
Y  
N

If yes, please explain:

## EMERGENCY CONTACT INFORMATION:

Full Name:

Cell #:

Secondary Contact #:

## SIGNATURES:

"I certify that the information I have provided in this application is true and correct to the best of my knowledge. I understand that any failure to disclose my student's disciplinary and/or behavioral problems may be cause for the student's removal from AdLife Academy."

I acknowledge that completion of this application does not guarantee acceptance to AdLife Academy. An in-person interview will be scheduled to determine if AdLife Academy is a good fit for my student's educational needs.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian 2: \_\_\_\_\_ Date: \_\_\_\_\_  
(optional)

**Thank you for completing the AdLife Academy Application. To finalize the process, kindly email the completed form to [info@adlifeacademy.com](mailto:info@adlifeacademy.com). Upon approval of your application, we will promptly notify you and extend an invitation for a family interview.**

(FOR OFFICE USE ONLY)

THANK YOU FOR YOUR INFORMATION