

# ENROLLMENT APPLICATION

— 2023-2024 SCHOLASTIC YEAR



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.

## APPLICANT INFORMATION:

Student Full Name:

Enrolling in Grade Level:          
1 2 3 4 5 6 7 8

Mailing Address:

City:  State:  Zip Code:

Name of Current School:  Primary Language:

## 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:

Does your student possess any exceptional abilities or talents in a particular subject or area? If yes, please describe. If no or unsure, leave blank.

Has your student consistently performed at an advanced level academically? If yes, please describe. If no or unsure, leave blank.

Does your student have any learning differences that we should be aware of to provide appropriate academic support? If yes, please describe. If no, leave blank.

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 known allergies?

  
Y  
N

If yes, please describe:

## 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 #:

## AUTHORIZATION TO PICK UP:

To ensure the safety and security of our students, we kindly request that only individuals who are 18 years or older and can provide valid identification participate in the student pickup process.

Full Name:

Relationship:

Contact #:

Full Name:

Relationship:

Contact #:

Full Name:

Relationship:

Contact #:

Full Name:

Relationship:

Contact #:

Full Name:

Relationship:

Contact #:

continued...

## 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)

(FOR OFFICE USE ONLY)

THANK YOU FOR YOUR INFORMATION