

Alexsander Academy Application for Enrollment

APPLICATION FEE:  \$200.00

Student's full name: _____

Male/Female _____ Date of Birth: _____

Social Security # _____ Grade _____

Race : _____ (required by IRS to maintain our non profit status. Will not be used for any other purpose. For more info ask Stefanie Smith - Executive Director)

Father's Name _____

Address _____

Employer _____

Address _____

Occupation _____

Home Phone # _____ Cell Phone # _____

Email _____

Mother's Name _____

Address _____

Employer _____

Address _____

Occupation _____

Home Phone # _____ Cell Phone # _____

Email _____

Parent's marital status _____ Who has legal custody?

If there are any Step Parents involved please list names:

As _____ parents, we are submitting formal application for him/her to enroll at Alexsander Academy. We have filled out all paperwork associated with this application for enrollment honestly and have been forthright with all information requested. We understand that if our child is granted enrollment at Alexsander Academy we will be required to sign a notice that we have read the student handbook and understand the behavior policy of the school. We also understand that payments must be received by the payment schedule listed in the enrollment paperwork and that we are responsible for payment for the year even if we decide to remove our child from the program.

Parent	Date	Social Security #
--------	------	-------------------

Parent	Date	Social Security #
--------	------	-------------------

Application must be signed by **BOTH** parents.

Application fee: \$100.00

Check/cash	Ck#	Date
------------	-----	------