



APPLICATION FOR ENROLLMENT

K-12

Faith-inspired learning for LIFE
freemanacademy.org

PERSONAL INFORMATION

SCHOOL YEAR: 20 TO 20 APPLICATION DATE:

Student Name (full)

Anticipated Grade

Mailing Address

Age

City

Birthdate (include year)

State Zip Code

City & State of Birth

Student E-mail

Social Security Number

Student Phone

County of Residence

FATHER'S INFORMATION

MOTHER'S INFORMATION

Father's Name

Mother's Name

Day Phone

Day Phone

Evening Phone

Evening Phone

Address

Address

E-Mail

E-Mail

CHURCH & SCHOOL INFORMATION

Church Attending

Home Schooled? Yes No If YES, number of years

Previous School Attended (if applicable)

Did your child have an Individualized Educational Plan (IEP) or similar document in the past? Yes No

School District currently residing in

INFORMATION REQUIRED BY THE SOUTH DAKOTA STATE DEPARTMENT OF EDUCATION

Is the student Hispanic or Latino? (Choose only one) Yes No

What is the student's race? (Choose all that apply) American Indian or Alaska Native Asian Black or African American White Native Hawaiian or Other Pacific Islander

HELP US GET TO KNOW YOUR FAMILY - SIBLING INFORMATION

Name	<input type="text"/>	Grade	<input type="text"/>	School Attending	<input type="text"/>
Name	<input type="text"/>	Grade	<input type="text"/>	School Attending	<input type="text"/>
Name	<input type="text"/>	Grade	<input type="text"/>	School Attending	<input type="text"/>

STUDENT SECTION (to be completed by the student)

*Parents may complete this section for Grades K-6

Describe your learning style:

What are your personal and academic strengths?

What subjects or aspects of school have been the most difficult for you?

Which activities would you like to participate in? Check all that apply.

- Band Choir Oral Interpretation Drama
- Track & Field Golf Football Wrestling Volleyball Soccer Cross Country Basketball

Other

List any health concerns that FA needs to be aware of (ex: diabetes, asthma, allergies, ADHD/ADD, etc)

According with the No Child Left Behind Act, Freeman Academy is required to determine the language(s) spoken at home by each student. Please answer ALL four questions regarding language(s) spoken.

Which language did your child learn when he/she first began to talk?

What language does your child most frequently use at home?

What language do you use most frequently to speak to your child?

Name the language most often spoken by the adults at home?

Students at Freeman Academy agree to:

1. Do their best in the classroom and in extra-curricular activities of their choice.
2. Participate in acts of Christian discipleship and community service.
3. Practice Christian self-discipline.
4. Accept responsibility for their behavior, attitude and overall conduct.
5. Respect the school's authority and show respect to peers and individuals with different opinions.

Student's name

Student's signature

Date

Mother's Signature

Date

Father's Signature

Date