



Summit Academy
11508 Main Street
Louisville, KY 40243
(502) 244-7090/ fax (502) 244-3371
www.summit-academy.org

Application for Grades 1 – 8

School Year Applying for: _____ Grade Applying for: _____

Current School: _____ Current Grade: _____

Student's Full Name: _____ DOB: _____ Age: _____

Address: _____
Street City State Zip

Home Phone: _____

Student's Social Security Number: _____

_____ Check if student has English as a second language. Student's primary language _____

_____ Check if student is under guardianship

_____ Check if student is adopted. If so, what age at adoption? _____

Father's Name _____ Age _____ Check if deceased ()

Address, if different _____ Email: _____

Occupation _____ Education _____ Cell Phone _____

Employer _____ Work Phone _____

Employer Address _____

Mother's Name _____ Age _____ Check if deceased ()

Address, if different _____ Email: _____

Occupation _____ Education _____ Cell Phone _____

Employer Name _____ Work Phone _____

Employer Address _____

Legal Guardian's Name (if not parent) _____ Age _____

Address, if different _____ Email: _____

Occupation _____ Education _____ Cell Phone _____

Employer Name _____ Work Phone _____

Employer Address _____

Send financial correspondence to _____

Names and ages of other family members (residing in household)

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Who referred you to Summit Academy? _____

School History

Please list all school and grades attended.

Grade	School	Dates Attended	Reason for Leaving

Has he/she repeated any grades? () Yes () No If yes, which grades? _____

Medical History

Please list any medical conditions such as allergies, seizures, high fevers, hyperactivity, accidents, serious illnesses, or hospitalizations that have been significant to your child's well-being.

Medical Condition or Event	When	Resolved?

Medication

Please list all medications your child is currently taking and why.

Medication	Dosage	Purpose of Medication	Prescribing Physician

Psychological or Educational Evaluations or Counseling

Please list any counseling or psychological and/or educational evaluations your child has received.

Psychologist/Evaluator	Phone Number	Diagnosis	Date

Special Education, Services, or Tutoring

Please list any special education or tutoring (public or private) that your child has received.

Service Provider	Phone Number	Date	Services Received

Speech, Occupational or Physical Therapy

Please list any speech, occupational or physical therapy your child has received.

Therapist	Phone Number	Date	Diagnosis

Behavioral/Emotional Difficulty

Please list any speech or behavior difficulty that your child experiences.

Difficulty	Evaluation?	When and Where?

Please describe your child for us

What are your child's major strengths?

What is your child's area of greatest need?

What are your child's hobbies or interests?

How do you expect Summit Academy to help your child?

Thank you for your interest in Summit Academy.

Please return this form to the school with the non-refundable application fee of \$50.00.
Please make checks payable to Summit Academy.

Summit Academy
Attn: Admissions Office
11508 Main Street
Louisville, KY 40243