



Application for Admission

Date Applied: _____

Applicant Information

Name: _____

Last

First

Middle

Preferred

Date of Birth: _____

Male

Female

Age on August 1st _____

Applying for academic year 20____ to 20 _____

Home Address: _____

Street number and name

City/State/Zip Code

County

Home phone

State/Country of birth: _____

Country of citizenship: _____

School Information

Current School: _____ Current Grade: _____

School Address: _____

Street number and name

City/State/Zip Code

School phone

Previous schools attended:

School	Address	Dates	Grade(s) attended



Family Information

Father/Guardian

Mother/Guardian

Full Name: _____

Full Name: _____

Address: _____

Address: _____

E-mail: _____

E-mail: _____

Cell Phone: _____

Cell Phone: _____

Occupation/Title: _____

Occupation/Title: _____

Employer: _____

Employer: _____

Employer's Address: _____

Employer's Address: _____

Parents are: Married Single Divorced Separated Widow/Widower
 Mother remarried Father remarried

Candidate lives with: Both Parents Mother Father Other (*Specify*) _____

(Please provide one main address for use during the admission process)

Name: _____

Address: _____

City / State / Zip Code _____

Phone _____

Siblings

Name _____ Date of Birth _____ School _____

Name _____ Date of Birth _____ School _____

Name _____ Date of Birth _____ School _____



Additional Information

1. Has the applicant ever been subject to major disciplinary action (suspension or dismissal) in any school?

NO YES Please explain: _____

2. Has the applicant ever had behavioral problems or been challenged with emotional regulation?

NO YES Please explain: _____

3. Student's preferred language _____ Language spoken at home: _____

4. Has the applicant undergone any visual, hearing, or educational assessment(s)? NO YES

VISION HEARING EDUCATIONAL

5. Has the applicant been under continuing care for any physical, emotional, or learning difficulty?

NO YES

If yes, Name: _____

Contact Information: _____

6. To better understand the learning needs of our applicants and the ways in which ClearWater Academy can meet these needs, please indicate any special academic or physical accommodations your child is currently receiving, and which your family may request for your child as a student at ClearWater Academy.

Please attach any testing, documentation, evaluations, assessments, school progress reports, or any other testing services administered to your student.



ClearWater Academy



Discovering Strengths. Creating Hope.

Medical Information

1. Student's Pediatrician: _____
Name Phone

Address _____

2. Student's Psychiatrist/Psychologist: _____
Name Phone

Address _____

3. Student's Counselor/Therapist: _____
Name Phone

Address _____

4. Student's Dev. Pediatrician or Neurologist: _____
Name Phone

Address _____

5. Medication: Does your child take medication? NO YES If yes, please list below

Name of medicine

Dosage

Name of medicine

Dosage

Name of medicine

Dosage

Therapeutic Services

1. Occupational Therapist NO YES If yes, please list Name, phone, and dates

2. Physical Therapist NO YES If yes, please list Name, phone, and dates

3. Speech/Language Pathologist NO YES If yes, please list Name, phone, and dates

4. Other (Please specify type of therapy, therapist name, phone, and dates.)



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Signatures

We request each parent/guardian sign the application. In the case of separation or divorce, please submit this information on a separate sheet of paper if necessary. If not available, please provide an explanation.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Please return the following with your completed application:

1. Recent photo of the applicant
2. Family photo
3. Copies of most recent OT, Speech, and Psychological evaluations
4. Transcript, report cards, IEP, and other school records
5. A \$180.00 non-refundable application fee made payable to **ClearWater Academy**.

Email to: **Director@ClearWaterAcademyGA.org**

Or Mail to: **ClearWater Academy, Admissions, PO Box 3513, Peachtree City, GA 30269**

Or Bring to: **ClearWater Academy, 210 Greencastle Rd, Tyrone, GA 30290**

ClearWater Academy values diversity and seeks to attract students from varied backgrounds. ClearWater Academy admits students of any race, color, national, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national, and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and therapies and other school-administered programs.