



# Application for Admission

## Applicant Information

Date Applied: \_\_\_\_\_

Name:

\_\_\_\_\_

Last	First	Middle	Preferred
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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
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State/Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

## Family Information

### Father/Guardian

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

\_\_\_\_\_

### Mother/Guardian

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

\_\_\_\_\_

Parents are:  Married  Single  Divorced  Separated  Widow/Widower

Mother remarried  Father remarried

Candidate lives with:  Both parents  Mother  Father  Other (Specify) \_\_\_\_\_



**Siblings**

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Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_

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Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_

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Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_

**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



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 challenges 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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



### 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 \_\_\_\_\_





## Signatures

We request that each parent/guardian who will be responsible for decisions and financial responsibilities for the applicant, sign and date below. 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**. You may also pay through our website under GIVING – Monetary Donations.

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

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

Or email to: **Director@Clearwater.Academy**

*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.*