

ENROLLMENT APPLICATION

LIFT Educational Academy
 14400 NW 77th Ct. #105 Miami Lakes, FL. 33016
 800-613-6463

<u>APPLICANT INFORMATION:</u>			
Grade Entering: _____	To begin enrollment: _____		_____
		Month/Year	
_____	_____	_____	_____
First Name	Middle Initial	Last Name	Prefers to be called
_____	_____	_____	_____
Date of Birth (mm/dd/yyyy)	Age		
_____	_____		
<u>PARENT INFORMATION:</u>			
Correspondence regarding this application should be sent to (check one):			
<input type="checkbox"/> Father/Guardian:			
_____	_____	_____	_____
First Name	Last Name	Home Phone	Cell Phone
_____	_____	_____	_____

Home Address			
_____	_____	_____	_____
Occupation/Title		Business Phone	Email
_____		_____	_____
<input type="checkbox"/> Mother/Guardian:			
_____	_____	_____	_____
First Name	Last Name	Home Phone	Cell Phone
_____	_____	_____	_____

Home Address	Home Address	Home Address	Home Address
_____	_____	_____	_____
Occupation/Title		Business Phone	Email
_____		_____	_____

Marital status of natural parents	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Single Parent
	<input type="checkbox"/> Mother Remarried	<input type="checkbox"/> Father Remarried	<input type="checkbox"/> Mother Deceased	<input type="checkbox"/> Father Deceased
With whom does the student live?	_____			
Who has custody?	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Joint	

<u>STEPPARENT INFORMATION:</u> (if applicable)			
Step Mother - First Name	Last Name	Home Phone	Cell Phone
Home Address			
Occupation/Title		Business Phone	Email
Step Father - First Name	Last Name	Home Phone	Cell Phone
Home Address			
Occupation/Title		Business Phone	Email

<u>ACADEMIC INFORMATION:</u>		
Current School Name	Current Grade	Attended from (mm/yy) to present
Previous School Name		Attended From/To
Previous School Name		Attended From/To
Has the applicant ever received and of the following?		
Disciplinary censure at previous school(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
School Suspension or probation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dismissed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asked to withdraw by school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If the answer to any of the above is yes, please share with us information regarding the matter.

Does your child have a current (within 12 months) psychoeducational evaluation? Yes No

If yes, please provide a copy with the application.

GENERAL QUESTIONS:

What are your child's academic strengths and weaknesses?

Please comment on your child's current academic experience and setting.
