

# THE pro • vi • sion

1. n. School and Family Counseling Center, Inc.  
2. v. Equipping One for Life's Journey

## Application for Enrollment

**Student's Full Name:** \_\_\_\_\_

First

Middle

Last

Nickname: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Place of Birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender: \_\_\_Male \_\_\_Female

Year Apply for: \_\_\_\_\_ Grade Apply for: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Current School: \_\_\_\_\_ School Phone: \_\_\_\_\_

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

Street

City

Zip Code

Has applicant ever skipped/repeated a grade? \_\_\_Skipped \_\_\_ Repeated \_\_\_ Neither

Are you requesting that your child repeat a grade? \_\_\_ Yes \_\_\_ No

Reason: \_\_\_\_\_

### FAMILY INFORMATION:

**Parent/Guardian # 1's Name:** \_\_\_\_\_

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

Street

City

Zip Code

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Employer Contact Info: \_\_\_\_\_

**Parent/Guardian # 2's Name:** \_\_\_\_\_

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

Street

City

Zip Code

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Employer Contact Info: \_\_\_\_\_

**Parent Marital Status:** \_\_ Married \_\_ Separated \_\_ Divorced \_\_ Single \_\_ Widower

If divorced, are either parents remarried? \_\_\_\_\_ If so, include name (s) below:

\_\_\_\_\_  
\_\_\_\_\_

Is either parent forbidden by court order from having equal access to the applicant or the school records? \_\_\_\_\_ Any special custodial instructions? \_\_\_\_\_

If yes, please explain (attach documentation): \_\_\_\_\_

Applicant lives with: \_\_\_\_\_

**SIBLINGS:**

\_\_\_\_\_  
Name: \_\_\_\_\_ Age/Grade: \_\_\_\_\_ Present School: \_\_\_\_\_

\_\_\_\_\_  
Name: \_\_\_\_\_ Age/Grade: \_\_\_\_\_ Present School: \_\_\_\_\_

\_\_\_\_\_  
Name: \_\_\_\_\_ Age/Grade: \_\_\_\_\_ Present School: \_\_\_\_\_

**GRANDPARENT INFORMATION**

Maternal:

Grandfather's Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Grandmother's Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Paternal:

Grandfather's Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Grandmother's Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**STUDENT INFORMATION**

Has applicant ever been evaluated for (check all that apply):

\_\_\_ AD/HD (Inattentive? Hyperactive? Combined?) \_\_\_ Emotional difficulties

\_\_\_ Health concerns \_\_\_ Language processing or speech \_\_\_ Learning disabilities

\_\_\_ Behavioral difficulties \_\_\_ Other: \_\_\_\_\_

Additional information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*If yes, please provide dates, test results, evaluations, and IEP reports. (Attach copies of all documentation)

Does your child have any difficulty in school? If so, please explain:

\_\_\_\_\_

\_\_\_\_\_

**Student School Information:**

Is this your child's first school experience? \_\_ Yes \_\_ No Name of School:

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

Name of School: \_\_\_\_\_ School Address:

\_\_\_\_\_

If no, please list previous school attended:

Program: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Program: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Has applicant ever skipped/repeated a grade? \_\_ Skipped \_\_ Repeated \_\_ Neither

Are you requesting that your child repeat a grade? \_\_ Yes \_\_ No

\_\_\_\_\_

**SUPPLEMENTAL INFORMATION:**

How did you hear about The Provision School? \_\_\_\_\_

Who, if anyone, referred you? \_\_\_\_\_

Reason for leaving your current school? \_\_\_\_\_

