



Student Application

General Student Information

Date _____

Student's name _____

School _____

Birth date _____ Age _____ Grade _____

Parents' names _____

Marital status married separated divorced parent deceased

Name of custodial parent (if divorced) _____

Address (street) _____ (city) _____ (zip code) _____

Phone (home) _____ (mother's work) _____ (father's work) _____

Email address _____

How did you learn about us? _____

School History

Please list each school your child has attended since kindergarten and the grades he or she attended.

Has your child been diagnosed as having any specific learning disabilities or other neuro-developmental or medical conditions, such as attention deficit hyperactivity disorder, depression, anxiety or epilepsy? If yes, please list them.

When was he or she diagnosed and by whom?

Has your child experienced any of these other school-related problems? Please check if applicable.

<input type="checkbox"/> Discipline problems	<input type="checkbox"/> Poor social skills
<input type="checkbox"/> Poor attendance	<input type="checkbox"/> School phobia
<input type="checkbox"/> Skipping classes	<input type="checkbox"/> Drug and/or alcohol use

Has your child ever been suspended, expelled or asked to leave a school? yes no

If yes, what school was it and what was the reason the school gave you? _____

Relevant Medical Information

Primary physician _____

Other doctors or practitioners (e.g., neurologist, psychologist, psychiatrist, speech/language therapist)

Please list any medication your child is currently taking.

Medication _____ Dose and frequency _____ For what condition? _____

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Agreement to Abide by Manus Academy's Policies

For parents completing an application for their child's school enrollment:

By signing this application:

I confirm that my child and I have read the "Student and Parent Handbook" that outlines the school's policies and rules and I agree to abide by and uphold them.

I confirm that I am submitting a check for the \$85 school registration fee made payable to Manus Academy.

I confirm that I am the person responsible for tuition payments.

Parent or guardian _____ Date _____

For parents completing an application for their child's tutorial enrollment:

By signing this application:

I confirm that I have read "Our Services" booklet that states the company's policies and I agree to abide by them.

I confirm that I am the person responsible for tuition payments.

Parent or guardian _____ Date _____