

ADMISSIONS APPLIC	ADMISSIONS APPLICATION FOR THE		_ SCHOOL YEAR for Grade	
Student's first name	Last Name	Middle		
Prefers to be called	Current Age	Date of Birth		
Current School (If applicable)				
Custodial Parent/Guardian Information				
Parent #1 First name	Last name			
Preferred Email address for teacher/sc	:hool communication			
Home Address	Ci	ty	Zip	
Primary Phone Number ()	Occupation			
Parent #2 First name	Last Name_			
Preferred Email address for teacher/sc	:hool communication			
Primary Phone Number ()	Occupation			
Address (if different)	City		Zip	
Other Child Care Providers: Does some	one other than the custodia	I parent(s) care for y	our child at home	
Yes Name	Relationship			
Email Address:	Phone: ()		
Language(s) Other than English Spoker	n at Home			
Does your child have any special health vision/hearing)		allergies, medicatio	ns, and	
○ No				
Yes, describe				
Has your child ever been diagnosed or	recommended for evaluatio	n for any of the follo	owing:	
Autism				
ADD/ADHD				
Speech Therapy				
Other Learning or Social-Emotional				



Pre-First (Accelerated Kindergarten Applicants

Is your child currently enrolled	d in preschool?	
Yes. Name of School		
O No		
Do you need regular Daily Bef	ore or After School Care	? Note: Our School Day is 8:00 AM - 3:00PM
○ No		
Yes, Mornings only		
Yes, After School only		
Yes, Both Mornings and Af	ter School	
Family Members who current	ly attend: Perfecting Lea	rning Center:?
Name	Grade	Relationship
Name	Grade	Relationship
What concerns/questions do	you have about our scho	pol?
Additional Information		
How did you hear about Perfe	ecting Learning Center? I	Please check all that apply.
Family, Friend, or Colleagu	ue Recommendation	
Internet Search		
Media Advertising (Radio,	TV, Magazine, etc.)	
O Drive by/Live near school		
What have you heard from th	ese sources that interes	t you the most about our school?



All Perfecting Learning Centers' school parents are encouraged to be engaged and participate in their child's school life.				
Do you have special skills or resources that could benefit our school community? Please list:				
Are you generally available to help during school hours?				
○ No				
Yes				