

Application Form

Please fill out this form and return it to the Junior Academy before your Child's Assessment. Please fill out one form per child

Name of Child: _____

Present School: _____

Grade applying for: _____ Possible Start Date: _____

Health Card Number: _____ Known Allergies: _____

Please indicate any of the following if your child has had a(n):

- psycho-educational assessment IEP (individualized education plan)
- Other support. Please describe: _____

Failure to disclose this information may result in Junior Academy being unable to support your child.

Mother's Name: _____

Contact # on day of visit: _____ Home Address: _____

Employer/Position: _____

Father's Name: _____

Contact # on the day of visit: _____ Home Address; _____
(if address is different than above)

Employer/Position: _____

I/We have read the current fee schedule and I/we accept the terms and conditions.

Mother's Signature: _____

Father's Signature: _____

Date: _____

Please provide us with copies of your child's last two June report cards as well as any additional reports. If is helpful to have these as well as a photo of your child in advance of the visit.

A non-refundable application fee of \$100 must be paid the day of the Child Assessment/Parent Interview Day. Please bring a check payable to Junior Academy to your appointment.