



# The RSEC Academy Admission Application

Date \_\_\_\_\_  
Student's Name \_\_\_\_\_ Nickname \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Home telephone # ( ) \_\_\_\_\_ Date of birth \_\_\_\_\_ Current grade level \_\_\_\_\_  
SS# \_\_\_\_\_ Desired date of entry \_\_\_\_\_  
Sending district contact person \_\_\_\_\_ Phone ( ) \_\_\_\_\_

## **Parent 1**

Name \_\_\_\_\_  
Home address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Email \_\_\_\_\_ Occupation \_\_\_\_\_  
Company \_\_\_\_\_ Work phone ( ) \_\_\_\_\_

## **Parent 2**

Name \_\_\_\_\_  
Home address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Email \_\_\_\_\_ Occupation \_\_\_\_\_  
Company \_\_\_\_\_ Work phone ( ) \_\_\_\_\_

With whom does the student reside? \_\_\_\_\_

Parent status:  separated  divorced  deceased  other (explain) \_\_\_\_\_

Who has legal custody of the student? \_\_\_\_\_

Please specify any limitations of communication, contact, release of information, etc., to parent or legal guardian.

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**Additional Information:**

1. What areas of the student's learning needs specific attention?

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2. Comment on student's current motivation to learn.

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3. How does the student acknowledge his/her learning difficulties?

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4. Has the student had extended or frequent absences from school? Y N  
If yes, explain briefly.

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5. Is discipline at home or at school an issue? Y N  
If yes, explain.

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6. What are your expectations for the student while at The RSEC Academy?

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7. To whom does the student best relate and why?

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8. Has the student received counseling? Y N  
How often? \_\_\_\_\_ By whom? \_\_\_\_\_  
List therapeutic issues:

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9. Does the student take medication(s)? Y N  
Name(s): \_\_\_\_\_  
Reason: \_\_\_\_\_ Frequency: \_\_\_\_\_

10. Who may we contact for further information on the student? \_\_\_\_\_