



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.



Additional Information:

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

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

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

4. Has the student had extended or frequent absences from school? Y N

If yes, explain briefly.

5. Is discipline at home or at school an issue? Y N

If yes, explain.

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

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

8. Has the student received counseling? Y N

How often? _____ By whom? _____

List therapeutic issues:

9. Does the student take medication(s)? Y N

Name(s): _____

Reason: _____ Frequency: _____

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