



THE LOTUS ACADEMY
"A Division of the Whole Life Institute, Inc."
APPLICATION FOR ADMISSION
School Year 2008-2009

Date of Application: Month___Day___Year_____ Grade Applying For (Circle One): PreK K 1 2 3 4

STUDENT INFORMATION

Last Name First Name Middle Name

Street Address City State Zip Code

Date of Birth_____ Gender ___M___F Current Grade_____

Social Security Number_____

PREVIOUS SCHOOL(S): List chronologically from last school attended:

Name of School/Pre-School Address Grade Dates Attended

Does your child participate in any special school program programs/activities? Please explain.

Has your child received any special honors or academic awards? Please explain.

PARENT INFORMATION

Father's Name_____

Mother's Name_____

Address_____

Address_____

City_____State___Zip_____

City_____State___Zip_____

Occupation_____

Occupation_____

Social Security Number_____

Social Security Number_____

Telephone Numbers

Home_____

Home_____

Business_____

Business_____

Cell Phone_____

Cell Phone_____

E-Mail address_____

E-Mail address_____

Complete this application and mail it to our Admissions Officer at:
47 East Haines Street, Philadelphia, PA 19144-5711
TELEPHONE NUMBER: 215-438-7500
Website: www.Lotusacademy.org

HEALTH HISTORY:

1) Birth Certificate & Immunization Record: Submit copies with this application form.

2) Does your child have any physical and/or medical complications? Please explain.

3) Does your child have any dietary restrictions? Explain in detail.

PERSONAL HISTORY:

1) List your child's special skills, talents, or interests.

2) Are there any particular family circumstances that the school should be aware of?

3) Please state your family's religious or spiritual affiliation(s).

4) List social, cultural, and/or political organization(s) of which you are a member.

5) Describe how your child's time is spent outside of school hours.

Will your child need transportation services? Yes No

Please provide information for emergency contact listings during school hours.

Name	Address	Relationship	Phone # (Day)