

THE LOTUS ACADEMY
"A Division of the Whole Life Institute, Inc."

APPLICATION FOR ADMISSION
School year 20____ - ____

DATE OF APPLICATION: Month____Day____Year____

GRADE APPLYING FOR: Pre K K 1 2 3 4 (Circle)

STUDENT INFORMATION:

Last Name	First	Middle	
Street Address	City	State	Zip
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 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: _____	City: _____
Occupation: _____	Occupation: _____
Social Security Number _____	Social Security Number _____

Telephone Number(s): Home _____ Business _____ Cell Phone _____ E-mail address _____	Telephone Number(s): Home _____ Business _____ Cell Phone _____ E-mail address _____
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Complete this application and mail it to our Admissions Office at
1196 East Washington Lane Philadelphia, PA 19138
Website: www.lotusearlylearningcenter.com
Phone 215-438-8100 Fax 215-438-8101

HEALTH HISTORY

- 1) Birth Certificate & Immunization Record: Submit copies with this application form.
- 2) Does your child have any physical and/or medical complications? Allergies? 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? Explain.

- 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 Number (Day)
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Name	Address	Relationship	Phone Number (Day)
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