Second Parent/Guardian's Full Name ____________________

First Middle Last

Spouse (if applicable) ____________________

First Middle Last

Home Address (if different from applicant's home address)

____

Street City State Zip

E-mail ____________________ Home Phone ____________________

Occupation ____________________ Business Phone ____________________

Social Security Number ____________________ Cell Phone ____________________

Applicant' s Brothers and Sisters:

Name	Birthdate	Grade	School

Relatives and/or friends who have attended or have been affiliated with Lotus Academy:

Name	Relationship

Describe your child's greatest assets/strengths and areas which need improvement.

What are your child's special skills, abilities, talents, or interests?

Does your child participate in any special school programs/activities?

Has your child received any special honors or academic awards?

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

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

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

Describe any physical condition(s) or learning/emotional challenges that might affect your child's full participation at Lotus Academy.

Please use this space to provide any additional information about your child that you feel is relevant to this application.

How did you hear about Lotus Academy?

Relative_____ Friend _____ Internet_____ Newspaper/Magazine_____ Faculty_____ Student_____ Other_____

Will your child need transportation services? Yes_____ No_____

Please provide information for emergency contact listings during school hours.

____

Name Address Relationship Daytime Phone Number

____

Name Address Relationship Daytime Phone Number