



LOTUS ACADEMY

Early Learning Center

"An AYA Education Management Services Inc. School"

340 East Haines Street
Philadelphia, PA 19144

Phone: 215-438-7500

Fax: 215-438-7596

www.lotusacademy.org

Early Learning Center Admissions Application

DATE OF APPLICATION: _____

YOUR CHILD'S AGE: _____

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 the last school attended:

<u>Name of School/Pre-School</u>	<u>Address</u>	<u>Grade</u>	<u>Dates Attended</u>
_____	_____	_____	_____
_____	_____	_____	_____

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 _____ State _____ Zip _____

City _____ State _____ Zip _____

Occupation: _____

Occupation: _____

Telephone Number(s):

Telephone Number(s):

Home _____

Home _____

Business _____

Business _____

Cell Phone _____

Cell Phone _____

E-Mail Address _____

E-Mail Address _____

HEALTH HISTORY:

- 1) Birth Certificate and Immunization Records: Submit copies with this application form.
- 2) Does your child have any physical and/or medical complications or 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 with as much detail as you can *any* diagnosis, condition, circumstance, or challenges that could affect your child’s ability to learn or progress academically or socially in a school setting like Lotus Academy:

- 4.) Please state your family’s religious or spiritual affiliation(s):

- 5.) Describe how your child's time is primarily 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)