



# LOTUS ACADEMY

**"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**

## Lower School Admissions Application

DATE OF APPLICATION: \_\_\_\_\_

GRADE APPLYING FOR (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, or 4<sup>th</sup>): \_\_\_\_\_

### 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:

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 \_\_\_\_\_ 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:

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

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**PERSONAL HISTORY:**

- 1.) List your child’s special skills, talents, or interests:

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

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- 3.) Please state with as much detail as you can *any* diagnosis, condition, circumstance, or challenge that could affect your child’s ability to learn or progress academically or socially in a school setting like Lotus Academy:

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

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

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Will your child need transportation services? \_\_\_Yes \_\_\_No

Please provide information for emergency contact listings during school hours:

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