

Independence Academy

Application Form

Please return a \$100.00 application fee to Independence Academy, Inc.
Call 774-251-9242 for further information.

Date _____

Student's Name _____

Address _____

Birth Date _____ Birth Place _____

List schools attended, beginning with current school:

Name/Address _____ Date _____

Principal _____ Grade _____

Name/Address _____ Date _____

Principal _____ Grade _____

Parents or Guardians:

Mother's Name _____ Father's Name _____

Address _____ Address _____

Town and Zip Code: _____ Town and Zip Code: _____

Phone _____ Phone _____

Email addresses: _____

Person responsible for completing assessments: _____

Person responsible for monitoring assessments: _____

Person responsible for payment of tuition: _____

Names of siblings, their ages and grades:

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

Have there been any special needs diagnosis, referrals, concerns or programs for your child? _____

If yes, what and by whom?

Would you include any special education components within your curriculum? _____

If yes, please give a brief description: _____

(Attach additional sheet if necessary for any of the previous questions.)

11/30/16

Independent Academy, Inc., does not discriminate in any manner or form.