



Learn to Work | Work to Learn

STUDENT APPLICATION 2022 – 2023 *(Now Enrolling)*

Date of Application	School Year Applying For	Information Meeting Date <i>(If Attended)</i>
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Family Last Name

Student's Name

Preferred Name

☐ Male ☐ Female

Date of Birth

Last Grade Completed

Current Address

City

State

Zip

Home Phone

Primary Email Address

Father's Name

Father's Cell Phone

Father's Business Phone

Email Address

Employer

Occupation

Mother's Name

Mother's Cell Phone

Mother's Business Phone

Email Address

Employer

Occupation

Emergency Contact *(Other Than Parent)*

1.

2.

3.

Emergency Contact Phone Number

1.

2.

3.

RELEASE AUTHORIZATIONS

(Additional People Authorized to Pick up Your Student)

1.	Name	Relationship
	Home Phone	Cell Phone
2.	Name	Relationship
	Home Phone	Cell Phone
3.	Name	Relationship
	Home Phone	Cell Phone

STUDENT ACADEMIC INFORMATION

Academic Strengths

Academic Weaknesses

In your opinion, how does your student learn best?

☐ **Kinesthetic/Tactile**

(hands-on, movement,
touching, etc.)

☐ **Auditory**

(listening, being
read to, music, etc.)

☐ **Visual**

(reading, video,
writing, etc.)

For your student's best interest, please be candid when answering the following questions.
Attach additional pages if necessary.

Has the student ever been referred for testing or placed in a special program?

If yes, please explain.

Has the student required any other special help, tutoring or curriculum modifications?

If yes, please explain.

Has the student ever repeated a grade for any reason? If yes, please explain.

Has the student ever been suspended or expelled from a previous school? If yes, please explain.

Has the student ever been blocked from registering at a school? If yes, please explain.

EDUCATION HISTORY

Type of Education (Homeschool, Private, or Public)	Name and Location of School	Grades Attended

If you have been homeschooling, please provide a list of the curriculum used, grades received, and outside classes taken.

STUDENT MEDICAL INFORMATION

(Attach additional pages if necessary)

Current Medications

Past Medical History

Please describe any medical condition that currently affects your student.

Does your student have any *food allergies* or any *other allergies*? If yes, please explain.

Has your student ever had any *seizures*? If yes, please explain.

Has your student ever had any signs of *asthma*? If yes, please explain.

Does your student experience *motion sickness*? If yes, please explain.

Is your student currently on required *immunizations*? If no, please explain.

Please attach a copy of the Immunization Record or Affidavit for Exclusions for Immunizations

PHYSICAL & INSURANCE INFORMATION

Family Physician	Physician Phone
Family Dentist	Dentist Phone
Health Insurance Company	Policy #
Pre-Certification Phone	Group #
Name of Insured	ID #
Employer	Employer Phone

PERMISSION FOR MEDICATION & MEDICAL RELEASE

(Attach additional pages if necessary)

We will keep the following medicines on hand in case anyone should begin to feel ill while at Launch Academy. Please indicate which medications you will allow your student to be given.

Note: A student with a fever over 100° is not permitted at our location. You will be called to pick up your student if he/she develops a fever.

☐ **Acetaminophen** (*Tylenol*) ☐ **Ibuprofen** (*Motrin, Advil*) ☐ **Neosporin Ointment** (*for cuts*)

Other Medications Authorized

All prescription medications must be in a pharmacy container with the date, student's name and the dosage clearly labeled.

RELEASE FROM LIABILITY

I, _____, hereby give my approval for my student, _____, to participate in various activities offered at Launch Academy. I agree to assume all risks and hazards incident to my student's participation in these activities, including, but not limited to, transportation to and from the activities and the activities themselves. I hereby waive, release and agree to hold harmless Launch Academy, Administrators, and all Staff, volunteers and affiliated organizations or persons from any injuries, harm or other damages that may occur to me or my student in connection with Launch Academy.

In the event that I cannot be reached to make arrangements for emergency medical attention I hereby authorize Launch Academy personnel to obtain and authorize emergency medical services and treatment for my student during the course of activities as warranted. This may include, but is not limited to, transportation to the nearest emergency facility for treatment deemed necessary by the medical attendant. The Launch Academy staff representative has my permission to sign any forms necessary to ensure prompt emergency treatment.

Parent's Signature	Date
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STUDENT SUPPLIES

1. Gym bag with:

- a change of gym clothes
- a towel
- a DOP kit (comb, toothbrush, toothpaste, deodorant)
- a washcloth
- running shoes

2. Laptop

3. Launch Uniform: Navy and khaki pants. Solid-color collared (polo style) shirt either short- or long-sleeved.

4. Backpack

5. Typical classroom supplies (*pencils, paper, etc.*). An additional supply list will be handed-out by your teacher.