



APPLICATION FOR ADMISSION

Applying for Grade _____, Fall _____ Previous REA Applicant? Yes/No

Student's Name _____
Last First M.I. Preferred Name

Birth Date _____ Social Sec. Number _____
Month/Day/Year

Age _____ Gender male _____ female _____

PARENT/GUARDIAN INFORMATION

Student lives with both parents _____ mother _____ father _____ Other _____
Please Specify

Father or Guardian

First Name _____

Last Name _____ Title _____

Social Security Number _____

Home Address _____

City/State/Zip _____

Home Phone _____

Cellular Phone _____

Email _____

Religious Affiliation (optional) _____

Current Church _____

Business Name _____

Position _____

Business Phone _____

Business Fax _____

Please list the names and birth dates of any siblings _____

Please list any siblings applying to REA _____

Mother or Guardian

First Name _____

Last Name _____ Title _____

Social Security Number _____

Home Address _____

City/State/Zip _____

Home Phone _____

Cellular Phone _____

Email _____

Religious Affiliation (optional) _____

Current Church _____

Business Name _____

Position _____

Business Phone _____

Business Fax _____

STUDENT HISTORY

Name of current/last school attended _____ Phone _____

Address _____
Street/P.O. Box _____ City _____ State _____ Zip Code _____

School Fax Number _____ Grades Attended _____

Student's special interests, honors and/or activities _____

Has the student ever been tested (psychological/educational, speech therapy, occupational therapy, etc.)?

Yes _____ No _____ If yes, please attach a copy of the report.

Is the student taking any medication on a regular basis? Yes _____ No _____

If yes, please specify _____

Does the student have a physical health issue of which the school should be aware? Yes _____ No _____

If yes, please specify _____

Has the student ever been referred to a counselor for professional assistance? Yes _____ No _____

If yes, please specify _____

Has the student been suspended or dismissed from any school for any reason? Yes _____ No _____

If yes, please specify _____

Does the student have any condition that in any way interferes with the applicant's regular school work, full participation in physical activities, or which has caused the student to miss more than one consecutive week of school within the last two years? Yes _____ No _____ If yes, please attach a full description.

ADDITIONAL INFORMATION

Will you need before and/or after school care? Yes _____ No _____ Occasionally _____

Will you be applying for financial aid (has no bearing on acceptance to REA)? Yes _____ No _____

Please select the most accurate description of the student's race (optional)

African American _____ Asian American _____ Caucasian _____ Latino/Hispanic _____

Middle Eastern American _____ Multiracial _____ Other _____

Signature of Parent or Guardian _____

Date _____

Please tell us why you wish to enroll your child at Redeemer Episcopal Academy. What are you expecting of us?

Please help us better understand the unique qualities your child brings to us so that we may better serve and get to know your child.

What goals do you have for your child this year and in the future?

Please share with us how you feel about your involvement/volunteer efforts in your child's current school and how you see yourself involved in Redeemer Episcopal Academy?
