

KORE ACADEMY



Application for Admission

Date _____

Student's name _____
Last First Middle

Preferred name _____ Social Security Number _____

Address _____
Number/Street City State ZIP

Date of Birth _____ Place of Birth _____ Male ___ Female

Landline _____ Cell Phone _____

Current School/City/State _____

Current School Contact Person & Email _____

Current grade _____ (Please sign the release of records form)

Father's Name _____ Cell phone _____

Address _____
Number/Street City State ZIP

Email address _____

Occupation _____ Employer _____

Business Address _____ Work phone _____

Mother's Name _____ Cell phone _____

Address _____
Number/Street City State ZIP

Email address _____

Occupation _____ Employer _____

Business Address _____ Work phone _____

Student Information

STUDENT NAME: _____

Date of Birth: _____

Does the student have a documented learning disability? ___Yes ___No

Area(s): _____

Has the student been evaluated by his/her public school district? ___Yes ___No

Date of last evaluation: _____

Does the student have an active Individual Education Program (IEP) or 504 Plan? ___Yes ___No

Date of last IEP: _____

Does your child have any allergies: ___Yes ___No

Please list: _____

Does the Student have a medical diagnosis? ___Yes ___No

Diagnosis: _____

Is the student currently taking prescribed medication? ___Yes ___No

List prescribed medication and reason(s)?

Name of Medication

For

Describe your child's Personality?

Family and Student Goals:

1. What do you feel is the greatest educational priority for your child? Increase reading ability/level
 Increase math ability/level. Increase appropriate social interactions Decrease social anxiety
 Decrease anxiety about learning/academics Increase confidence Increase communication skills

Other: _____

2. What outcome do you expect from KORE Academy?
 Complete Elementary Grades Complete Middle School Grade Complete High Sch
 Make gains enough to return to his/her public school by: 4th Grade Middle Sch High Sch

3. Has your child ever repeated a grade? ___Yes ___No
4. Has your child ever been suspended or expelled? ___Yes ___No
5. Has your child ever skipped school? ___Yes ___No

6. Does your child have friendships outside of the family? ___ Yes ___ No
7. Do you live in a joint or nuclear family? Siblings? _____
8. How many people are there at home? Grandparents? _____
9. What are your views on homework? _____
10. Who takes care of your child when you are not there - grandparent, neighbor, friend? _____
11. What is your child's favorite game, toy, color, dish, etc? _____
12. Things that your child doesn't like? _____
13. What is your role in your child's education? Homework? Social Development? _____
14. How do you deal with your child's misbehavior? _____
15. How is your child disciplined at home? _____
16. Is your child toilet/potty trained, able to care for his/her personal restroom needs? ___ Yes ___ No
17. What are your plans for your child's future? _____
18. What are your expectations from your child for self-care? _____
19. How independent is your child? _____
20. How does your child behave/react when he meets someone new? _____
21. Is your child an introvert or an extrovert? _____
22. How do you deal with your child's difficult problems? _____

Is there any other information about your child that you would like to share with us?

Student T-Shirt/Polo Shirt Size: _____

Signature of parent or guardian _____ Date _____

Please return this application to: KORE Academy, 4300 Nicholasville Road, Lexington, KY 40515

A \$75 non-refundable fee must be submitted with the completed application.

Please make your check payable to KORE Academy.

KORE Academy admits students of any race, color, sex, national or ethnic origin.

