



PART 1: STUDENT INFORMATION

_____		_____		_____	
First/Given Name	Middle Initial	Last/ Family Name			
_____		_____		_____	
Preferred Nickname	Date of Birth (mm/dd/yyyy)		Male or Female		
_____		_____		_____	
Street Address		City	State	Zip Code	
_____		_____	_____	_____	
Home Phone		Mobile Phone			
_____		_____			
E-mail Address		_____			
_____		_____			
Country of Birth		Country of Citizenship			

**The following information is OPTIONAL and is used for statistical purposes only.
Please check all that apply:**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White or Middle Eastern
- Hispanic or Latino

_____	_____
Current Grade	Applying for Grade Applying for Indexed Tuition?

Student Educational Information:

School in which you are presently enrolled:	Approximate # of days absent last year: _____
School Address: _____	
Telephone: _____	
Does the student have a current an IEP (Individualized Education Program)?	YES NO



PART 2: FAMILY INFORMATION - Continued

SIBLINGS

Name	Age	Current School/ College
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Name	Age	Current School/ College
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Current School Name	Dates of Attendance	Public/ Private/ Other
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Has the student ever repeated or advanced a grade? If so, please explain:

Has the student ever been suspended, expelled, or dismissed from any school attended?

- Yes (please provide a separate explanation)
- No

Has the students ever been tested for and/or diagnosed with any type of learning ability?

- Yes (please provide a separate explanation)
- No

Parent Signature	Print Name	Date
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Child Signature	Print Name	Date
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PART 3: AUTHORIZATION - For Release of Records

Parents: Please complete this form and return it to the Admissions Office. We will forward the form to your child's current school.

I have applied for my child to attend Positive Day Academy in grade beginning in: _____
I give permission for you to send the following information concerning my child: _____

The Official Transcript that includes:

- Standardized Test Scores
- Academic Performance
- Birth Certificate
- Immunization Records

This authorization is valid for one year from the date of signature unless otherwise noted.

Name	Relationship To Child	Signature, Date
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Current School Name	Address	Fax Number

Please send an updated transcript as soon as possible to:

Positive Day School
229 N. Graham-Hopedale Rd.
Burlington, NC 27217

Please email admissions (positiveattitude@att.net) a scanned version as well.