



Dated: 10/13/2011

APPLICATION FOR ADMISSION

Applicant Information

Applicant's Name _____

Sex Male Female Country of Citizenship _____

Date of Birth _____ Social Security # _____

Religion _____

Race/Ethnic Make-up/Cultural Heritage _____

Address _____ Apt # _____

City _____ State _____ Zip _____

Home Phone _____ E-Mail Address _____

US Residency Information: I attest, that my child is (check one of the following)

Citizen/National-USA Lawful Permanent Resident-USA Other

Family Information

Parent/Guardian (1) Name:

First	Last	Middle Initial
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Country of Birth	Religion	Race/Ethnic Make-up/Cultural Heritage
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Primary Language _____ Secondary Language _____

Home Address (If Different from Applicant's) _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-Mail _____

US Residency Information: I attest, that I am (check one of the following)

Citizen/National-USA Lawful Permanent Resident-USA Other

Highest Level of Education:

___ High School ___ 1st Generation High School ___ GED ___ High School Diploma ___ Some College
___ 1st Generation College ___ Two Year Degree ___ College Graduate ___ Graduate School

Parent/Guardian (2) Name:

First Last Middle Initial

Country of Birth Religion Race/Ethnic Make-up/Cultural Heritage

Primary Language _____ Secondary Language _____

Home Address (If Different from Applicant's) _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone/Pager _____ E-Mail _____

Highest Level of Education:

___ High School ___ 1st Generation High School ___ GED ___ High School Diploma ___ Some College
___ 1st Generation College ___ Two Year Degree ___ College graduate ___ Graduate school

Check All That Apply For The Applicants Family Structure:

Parents Married Parents Separated Parents Divorced Parents are Domestic Partners
 Parents Never Married

Single Parent Household Father Has Custody Mother Has Custody Joint Custody Father Deceased

Mother Deceased Guardian Has Custody Other

 Father Remarried Step-Parent's Full Name: _____

Mother Remarried Step-Parent's Full Name: _____

If parents are divorced, who has legal custody?

If the applicant does not live with both parents in one household, please describe the living arrangements: _____

Who will receive grades, reports, and other mailings?
applicant?

Both Parents Father Mother Guardian
Guardian

Who is financially responsible for the

Both Parents Father Mother

Please list other children in applicant's family:
who

Please list the names of any relatives and/or friends
have attended or are currently attending ESP:

Name Age School Currently Attending

Name Relationship

Name Age School Currently Attending

Name Relationship

Name Age School Currently Attending

Name Relationship

Applicant Educational Information

Applicant's Current School _____ Current Grade _____

School Address _____ Phone _____

City _____ State _____ Zip _____

This school is: Public Parochial Private Charter

Has the applicant repeated or skipped a grade during his/her schooling?

Repeated Yes No Grade Repeated _____ Year _____

Skipped Yes No Grade Skipped _____ Year _____

If as a condition for admission, would you accept an ESP Partner Independent School's request that your child repeat the 5th grade?

Yes No

School District _____

Please list the previous schools the applicant has attended (if any), and/or any summer programs or enrichment programs attended:

<u>Previous Schools Attended</u>	<u>Grades</u>	<u>Years</u>
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

<u>Summer Programs/Enrichment</u>	<u>Grades</u>	<u>Years</u>
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

Parent Statement:

ESP appreciates the insight parents have regarding their child’s academic, social, and emotional life. Answering the questions below will help us to know and serve your child better.

Why would you like your child to be a part of ESP? _____

Describe your child’s character and personality. _____

What role do you play in your child's education?

What have been your child's academic successes & challenges in school?

Describe your child's current study and homework habits.

What are academic and/or social areas in which support may be needed?

Are there any health problems, family problems or emotional issues of which ESP should be aware?

Please share your goals and expectations for your child in the coming years.

Your signature below indicates that all information provided on this application is complete and factually correct. Your signature indicates your wish for your child to be considered for participation in Emerging Scholars Program (ESP) with no guarantee of acceptance. It also authorizes ESP to request a copy of the applicant's academic records with the most recent grades and standardized test scores.

Signature of parent or guardian _____ Date _____