

# THE EINSTEIN ACADEMY

A SCHOOL FOR ACADEMICALLY TALENTED STUDENTS

## APPLICATION FOR ADMISSION, PRE-K through GRADE 12

Please type or print

Date \_\_\_\_\_

### I. Information Regarding the Applicant

Full legal name \_\_\_\_\_ Preferred first name \_\_\_\_\_

Gender:  Male  Female Date and year of birth \_\_\_\_\_ SSN \_\_\_\_\_

Current school and address \_\_\_\_\_

Has your son/daughter taken a nationally normed academic test within the last 3 years?  Yes  No

If "yes," what was the name and date of the test? \_\_\_\_\_

### II. Parents' Information

Father's name \_\_\_\_\_

Mother's name \_\_\_\_\_

Home address \_\_\_\_\_

Home address \_\_\_\_\_

Home phone \_\_\_\_\_

Home phone \_\_\_\_\_

E-mail address \_\_\_\_\_

E-mail address \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Business phone \_\_\_\_\_

Business phone \_\_\_\_\_

Business address \_\_\_\_\_

Business address \_\_\_\_\_

### III. Choice of Program

Fall semester of year 20\_\_\_\_  First available opening

Grade level desired \_\_\_\_\_

### IV. Family Information

Applicant's brothers and sisters

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

With whom does the applicant reside? \_\_\_\_\_

Legal guardian's name and address, if appropriate \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What language is spoken at home?  English  Other \_\_\_\_\_

Name of applicant \_\_\_\_\_

### V. Parent Statements

Please help us know your child by providing the following information:

1. Please describe your child's personality, learning style, and previous school experiences.
2. Please list the activities that you enjoy as a family.
3. Please describe your child's favorite interests and activities.

#### 4. Health History

Has your child ever had trouble seeing?  Yes  No

Has your child ever had frequent ear infections?  Yes  No

Does your child have allergies?  Yes  No

Has your child had any significant injuries or hospitalizations?  Yes  No

Is your child presently on any medications?  Yes  No

If you responded "yes" to any of the above questions, please explain. Also, please describe any other health concerns we should be aware of.

5. Please provide any additional information you believe will be helpful to us in considering your child's admission to The Einstein Academy.

### Affirmation

I pledge that the information provided is truthful and accurate to the best of my knowledge. It is further understood that any misrepresentation or omission may result in the denial of admission.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

Please mail completed application form to:

The Einstein Academy  
747 Davis Road  
Elgin, IL 60123