

A Time To Learn Academy

***PO Box 62761
Washington DC 20029
Phone: (202) 813-3995***

Date/Time Received:

Application for Admission Pre K- Grade 12

Note: We are a gifted-and-talented; college preparatory (Math/Science); and business education program.

Student Information (please print):

Name: _____

Physical Address: _____ City _____ State _____ Zip _____

Mailing Address: _____

Date of Birth: ___/___/___ Social Security No: ___ - ___ - ___ Grade: _____

School Previously Attended: _____ Address: _____

Is any language other than English spoken in the home? _____

Which language did your child learn to speak first? _____

What language does your child speak at home most of the time? _____

In what language do you speak to your child most of the time? _____

Has your child ever been in a bilingual or English as a Second Language program? _____

Parent/Guardian Information (please print):

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Other Parent or Contact Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Does child know parent or other contact? ___ Are you in need of childcare? _____

Work or Community Volunteer Experience:

What work or community volunteer experience does your child have? Explain:

Student Services:

1. Has your child ever been enrolled in early intervention services (birth – 3)? _____
2. Has your child ever been screened for special education by a school? _____
3. Does your child have a current Individualized Education Plan? _____
4. Does your child receive services under section 504 of the Rehabilitation Act of 1973? _____
5. Please check the services your child has and/or still receives. (Check all that apply)
___ speech and language ___ occupational therapy ___ deaf & hard of hearing
___ physical therapy ___ counseling ___ adapted physical
___ inclusion services ___ resource room education
___ self-contained classroom ___ visually impaired
___ orientation and mobility ___ medical service

6. Does your child take medication? _____ Name of Medication: _____
7. Does your child wear glasses? _____ 8. Does your child wear a hearing aid? _____
9. Does your child receive special transportation? _____
10. Are you concerned that your child may have a special need that has not been evaluated yet? _____ please explain: _____

Financial Aid:

How many of your children are applying to A Time To Learn? _____

Please list their names: _____

What type of assistance would you like to request and why? _____

How did you hear about A Time To Learn Academy?

Parent/Guardian Signature: _____

Date: ____/____/____ In making this application, I accept, agree, and abide by all policies and regulations of A Time To Learn. I understand that policies and fees are subject to review and change. Incomplete or false information may be cause for denial of admission or dismissal from the college.

What is needed to process this application in a timely manner:

- ✓ Copy of Parent/Guardian ID, child's birth certificate, immunization record, and Social Security Cards.
- ✓ Proof of Residency, If you reside at someone else's address we need: a copy of their proof of residency and a notarize letter stating that you and your child reside at that address. Acceptable Proof: Utility Bill, Lease Agreement or Mortgage Deed.
- ✓ Most recent report card, if applicable.
- ✓ Most recent IEP Individualized Education Plan, if applicable.
- ✓ Student school records to complete registration.
- ✓ Copy of assessments, or information to include in student file.
- ✓ Monetary Donation for Application cost per child.
- ✓ Photo/Video Release Form Signed by You
- ✓ Request For Records Form Signed by You
- ✓ Student Dismissal Permission Form Signed by You

Immunization Records within the Last 12 Months:

All children who are enrolled at A Time To Learn must complete a physical that includes vision, dental, medical, hearing, and a lead blood test. Each child is required to have vaccinations for the following diseases: Tuberculosis, Hepatitis B, Polio, Measles, Mumps, and Rubella.

Exceptions to the immunization requirements include situations in which (1) the child's physician has stated in writing that a specific immunizing agent would be detrimental to the child and (2) a child whose parent(s) or guardian present a notarized document to the private school that immunization is against their religious beliefs.

