



Poland Spring ACADEMY

ON Campus Student Application

Student Name: _____ Age _____ Date of Birth ___/___/___
Social Security # ___ - ___ - _____ Circle one please: Male / Female
Mailing Address: _____ City: _____ State: _____
Zip: _____ Home Telephone # _____

School last attended: _____ Application is for grade _____
Address of School: _____ Projected Graduation Year _____
City: _____ State: ___ Zip: _____ Full Time ___ Part Time ___
Independent Study ___ Send reports and correspondence to
: _____

Mother's Name: _____ Address: _____
City: _____ State: ___ Zip: _____ Home Telephone # _____
Cell Phone or Pager # _____ Work Phone # _____

Father's Name: _____ Address: _____
City: _____ State: ___ Zip: _____ Home Telephone # _____
Cell Phone or Pager # _____ Work Phone # _____

Emergency contact person other than parent
Name: _____ Telephone # _____
Person responsible for student's tuition?

E-Mail Address: _____
Reason for changing schools:

What characteristics are you looking for in seeking a new school?

Individualized Learning at its Best!

P.O. Box 217 ● 14 Hope Springs Road ● Poland, Maine 04274 ● Tel: (207) 998-4566 ● Fax: (207) 998-3145 ● Poland Spring Academy.org

Poland Spring Academy admits any student of any race, religion, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, religion, national or ethnic origin in administration of its educational policies, admissions policies, scholarships and loan programs, and athletic and other school administered activities.

General Information

How did you hear about Poland Spring Academy?

Has student attended Head Start or Pre-School? Y / N

Does student have siblings? Y/N

If yes, please list names and dates of birth below.

Does applicant have any significant learning, behavior, or emotional problems? If so, please describe.

Optional response for statistical purposes only

Nationally of Student: Caucasian Hispanic African-American Native American
Other_____

There is a \$35 non-refundable Application Fee for first year application

Please be sure your application fee is enclosed

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Sometimes inclement weather or other unforeseen events make it necessary to dismiss school early. If school is dismissed, please contact:

1. Name: _____ Telephone # _____
2. Name: _____ Telephone # _____

Field Trips:

The school must have parental permission in order for your child to participate in class or school field trips. Prior to each field trip, you will receive a notice regarding the trip your child will be taking. The notice will contain information telling you the place to be visited, date and times of the trip and other useful information.

- My child has permission to participate in all field trips.
- My child does not have permission to participate in any field trips.

Photo Permission Form:

- I give permission for my child's picture to be taken and printed in local papers.
- I Do Not give permission for my child's picture to be taken and printed in local papers.

Insect Repellent / Sunscreen Signature:

- I give permission for my child to have repellent/sunscreen applied.
- I do not give permission for my child to have insect repellent/sunscreen applied.

Data:

On occasion we may need to bring in adults to assist with projects, such as: accreditation, assessment, curriculum, and research. During their stay they may need to look at student files. Anyone involved in this research will know the importance of confidentiality.

- I agree to have confidential occasional inspection of my student's files.
- I do not agree to have confidential occasional inspection of my student's files.

_____/_____/_____
Parent or Guardian Signature Date

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Emergency Release

In the event of an illness, accident, or injury and Poland Spring Academy is unable to contact either the parents, or the emergency contact listed, I hereby authorize Poland Spring Academy to admit my child to the emergency room for medical attention. I agree to pay all medical fees. The information on this application is both current and accurate.

Student's Name: _____

Signature of Parent or Guardian: _____

Date ____/____/____

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Student's Name: _____

Is student on any medication? **Y/N** If yes, name and purpose of the medication(s):

Does your child have any disabilities or restrictions:

General Medical Questions Primary Doctor's name: _____ Phone # _____ Most recent physical ____/____/____ Were there any concerns? Y/N If yes, of what? _____ Has this student been hospitalized? Y/N Dates of hospitalization: __/__/__ reason: _____ __/__/__ reason: _____ Are immunizations up to date? Y/N	Medical History Please list any allergies: _____ _____ Does the student carry med.s for this? Y/N If yes, please name: _____ _____ Asthma: Y/N Does student carry med.s for this? Y/N If yes, please name: _____ _____	Medical History Continued Has student had: Kidney/Urinary tract problems Y/N Bladder problems Y/N Seizures Y/N Scarlet Fever Y/N Strep Throat Y/N Diabetes Y/N Insulin Y/N
Most recent Hearing Exam __/__/__ Were there any concerns? Y/N Are ear infections common Y/N Does student have tubes in his/her ears? Y/N If yes, will be removed __/__/__ No , but has in the past. Year: _____	Dental Questions: Dentist's name: _____ Phone #: _____ Most recent exam: __/__/__	Vision Questions: Eye Doctor's name: _____ Phone #: _____ Most recent exam: __/__/__ Glasses or contacts used? Y/N

If it is necessary to release this student from school and parents are not available, please call:

1. Name: _____

Relationship to student: _____ phone # _____

2. Name: _____

Relationship to student: _____ phone # _____

Parent or Guardian Signature: _____ Date: _____

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Release of Records

Student's Name: _____

Date of Birth: ____/____/____ Last Grade Attended: ____ Years Attended: ____

Name of Previous School: _____

Address: _____

We request that information in this child's school record be transferred to:

Poland Spring Academy
PO Box 217
14 Hope Springs Rd
Poland, ME 04274

Please forward the necessary information in this child's school records to us including, but not limited to:

- . Attendance Records
- . Academic Records, including transcripts of grades
- . Health/medical records
- . Any other pertinent records, including relevant discipline records

Signature of Parent or Guardian: _____ Date: _____

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