

# FAMILY FIRST ACADEMY APPLICATION FOR ADMISSION

## STUDENT INFORMATION

Name: \_\_\_\_\_

Sex:  Male  Female Date Of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Grade Targeted: (circle one) 8 9 10 11 12 Applying For: Fall 20\_\_\_\_ Spring 20\_\_\_\_

Name Of Last School Attended: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please attach a  
current picture of the  
student to this application.

## FAMILY INFORMATION

Father's Name: \_\_\_\_\_ Cellular Phone #: \_\_\_\_\_

Place Of Employment: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Father's E-Mail Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cellular Phone #: \_\_\_\_\_

Place Of Employment: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Mother's E-Mail Address: \_\_\_\_\_

Marital Status:  Married  Divorced  Widow  Separated

If separated or divorced, who has legal custody of the student?: \_\_\_\_\_

If separated or divorced, who does the student reside with?: \_\_\_\_\_

Please list one other person other than the parents to be contacted in an emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## ACADEMIC & SOCIAL INFORMATION

How would you describe the student's attitude toward school and learning?

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Please rate the student's academic work from previous years:  Excellent  Good  Average  Poor

Has the student ever failed in school?  Yes  No

If yes, please explain the situation and what was done for a follow-up.

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Has the student ever been expelled, dismissed or refused admission to another school?  Yes  No

If yes, please explain the circumstances:

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Has the student ever had any disciplinary difficulties?  Yes  No

If yes, please explain.

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Has the student had extended or frequent absences from school?  Yes  No

If yes, please explain.

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Please describe any physical restrictions we should know about:

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Please list what you consider to be the student's outstanding abilities and talents:

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Please describe what you consider to be the student's outstanding difficulties and/or problems:

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**PARENT'S PLEDGE OF ACCEPTANCE**

I certify that I/we have read the materials in this admissions packet and agree with the educational philosophy of Family First Academy. I certify that the information I have provided is correct to the best of my knowledge. I also understand that, upon the acceptance of my student, I/we will settle my/our accounts promptly.

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Signature Of Father

Date

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Signature Of Mother

Date

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Signature Of Guardian (if other than natural parent)

Date

Please be sure to include your non-refundable application fee of \$50 when submitting this application.  
Checks should be made payable to: Family First Academy

Family First Academy does not discriminate in its admission practice against any person because of race, color, national or ethnic origin, gender, age or disability.

Family First Academy • 8155 Oliver Road • Erie, PA 16509 • 814.860.9660 • fax 814.866.6845 • [www.familyfirstacademy.org](http://www.familyfirstacademy.org)