

APPLICATION PACKET

Thank you for your interest in enrolling your child in **i**Transcend Youth Academy.

Please complete this packet of information and email it to: itranscendyouthacademy@gmail.com

or drop it off at our location between 3:00-6:00 pm at:

613 Robert Grissom Parkway

 Myrtle Beach SC 29577

For your child to be considered for enrollment, **ALL** of the following items need to be completed and returned:

* Application Packet – Completed and Signed
* Paid Application Fee (non-refundable)
* Transcript Release of Records Form - Signed and Dated
* Learning Style Assessment – Completed and Signed

Upon receiving and reviewing the above information, we will request a family interview with your child. The interview is to meet your child and determine whether we are the best fit for your family.

How did you hear about us?

**Student/Parent Information**

Student 1 (Full Name): ­­­­­­­­­­ DOB:

Current School: Current Grade:

Student 2 (Full Name): ­­­­­­­­­­ DOB:

Current School: Current Grade:

Student 3 (Full Name): ­­­­­­­­­­ DOB:

Current School: Current Grade:

Parent 1 (Full Name): ­­­­­­­­­­ DOB:

Address: Cell No:

 Email:

SSN: DL No:

Employer: Employer Phone:

Annual Income: \*\*\* Must provide copy of last two (2) paychecks

Parent 2 (Full Name): ­­­­­­­­­­ DOB:

Address: Cell No:

 Email:

SSN: DL No:

Employer: Employer Phone:

Annual Income: \*\*\* Must provide copy of last two (2) paychecks

**Parent Questionnaire**

1. **Why** do you want to enroll your child in our program?

1. What are your **academic** goals for your child this year?

1. What are your **social/emotional** goals for your child this year?

1. Please describe your child’s **strengths**.

1. Please describe your child’s **weaknesses**.

1. What are some things you would **change** about your child’s current education program?

1. How does your child **learn** best?

1. What does your child enjoy doing **outside** of school?

1. How would you describe your child in **one word**?
2. What else can you tell us that will help us better **educate** your child?

1. Does your child consistently get disciplinary write ups? If yes, please explain.
2. Has your Child ever been suspended or expelled from a school or extracurricular program?
3. Do you have any **questions or concerns** at this time?



**Medical/Behavioral Background (Child)**

Child’s Name: Primary Doctor:

Facility Name: Phone:

Facility Address:

1. Is your child immunized? Yes \_\_\_\_ No \_\_\_\_
2. Does your child have any allergies including food restrictions? If yes, please list.

1. Does your child currently take any daily medications? If yes, please list.

1. Does your child have any physical limitations? If yes, please list.

1. Does your child have any behavioral, mental, social, or emotional conditions? If yes, please explain.

1. Does your child have a current IEP in place? \_\_\_\_\_\_\_\_\_ If yes, what is it for?

**\*\*\* If yes, please provide a copy of the Summary Page**.

1. Are there any other medical issues or concerns we need to be aware of? If so, please describe.