



APPLICATION PACKET

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

Please complete this packet of information and email it to:

itrascendyouthacademy@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? _____

Parent 1 Initials _____

Parent 2 Initials _____

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 1 Initials _____

Parent 2 Initials _____

Parent Questionnaire

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

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

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

4. Please describe your child's **strengths**. _____

5. Please describe your child's **weaknesses**. _____

6. What are some things you would **change** about your child's current education program? _____

7. How does your child **learn** best? _____

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

Parent 1 Initials _____

Parent 2 Initials _____

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

11. Has your Child ever been suspended or expelled from a school or extracurricular program? _____

12. Does your child consistently get disciplinary write ups? If yes, please explain. _____

13. Do you have any **questions or concerns** at this time? _____



Parent 1 Initials _____

Parent 2 Initials _____

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. _____

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

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

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

6. 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.**

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

Parent 1 Initials _____

Parent 2 Initials _____



AUTHORIZATION AND RELEASE TO OBTAIN PERSONAL CREDIT INFORMATION

By signing below, the undersigned hereby authorizes **iTranscend Youth Academy, LLC** (the "Company") to obtain "consumer reports" and/or "investigative consumer reports" about me from any consumer reporting agency and/or bureaus, including commercial credit agencies or bureaus, that the Company may choose to use, and to consider such reports when making any decisions regarding any application I submit to the Company.

I acknowledge that as an individual there are various Federal and/or State laws such as the "Fair Credit Reporting Act" that control the issuance or use of "consumer reports" and/or "investigative consumer reports". I understand that I am not obligated to provide the Company the authorization to review such "consumer reports" and/or "investigative consumer reports". However, I have voluntarily agreed that such reports can be released to the Company that it may consider in any application I submit to the Company.

The undersigned hereby authorizes the Company to procure an investigation, or cause an investigation to be procured, for credit evaluation purposes, whether or not subject to the Fair Credit Reporting Act. I authorize, without reservation, any person or entity contacted by the Company, or anyone acting on its behalf, to furnish information regarding verification of my social security number, education, military record, motor vehicle reports, credit history, financial account balance and history, professional licensures, public records, criminal record and/or employment references.

I hereby release **iTranscend Youth Academy, LLC**, including its employees, agents or representatives, from any and all liability for conducting the above investigations and from using information obtained from such investigations in approving or denying any applications I submit to them. A photocopy, scan or facsimile copy of this Authorization and Release may be treated as though it were the original.

Signature

Date

Print Name

Social Security Number