



Grandfather Academy

STUDENT APPLICATION FORM

Applications for enrollment are accepted throughout the year. Open enrollment is from January 1 to 31. A screening process will be in effect to ensure that applicants have an assessed need for special services and the therapeutic program that are an integrated part of daily classroom activities. If more students apply and qualify than the school can accommodate, a fair and equitable system of selection will be implemented. Overflow applicants will be selected on basis of need, and then by lottery.

Applying for GRADE: _____ Year: _____

Is this new student a sibling of a currently enrolled student? Yes ___ No ___

If you checked yes, please give name and current grade of sibling: _____

Full Name: _____ DOB: _____

Current Grade: _____ Age: _____

Resident County: _____ School Presently Attending: _____

Where is Child coming from? Home, Another Entity, Please Place name of where coming from, if not Home?

If other than Home, provide phone number to contact this place: _____

Is your child currently expelled or suspended? If so, please explain. _____

Parent / Guardian Name : _____

Please Circle the one You ARE: Parent or Guardian

Physical/Street Address: _____

Mailing Address: _____

Email Address: _____

Mother's Cell Number: _____ Father's Cell Number: _____

Emergency Contact Person 1: _____ Relationship to student: _____

Phone Number 1: _____ Phone Number 2: _____

Parent/Guardian Signature & Date: _____

*Please mail, fax, or hand-deliver completed forms to:

Data Manager
Grandfather Academy
P.O. Box 98
64 Grandfather Home Drive
Banner Elk, NC 28604
FAX: 704-870-3707