

Student Application

Please fill out the following form and fax completed form to our Admissions Department at 1-800-850-1104.

Student Information

Student's Legal Name: _____
Last First M.I.

Preferred Name: _____ Gender: Male Female

DOB: _____

Address: _____
Street Address Apartment/Unit #

_____ City State Zip Code

Home Phone: () _____ Alternate Phone: () _____

Email: _____

Ethnicity* (optional): Black/African American White/Caucasian Hispanic /Latino Asian/Pacific Islander
 Native American/Alaskan Biracial/Black Biracial/Non-Black

Grade entering in Fall 2008: 8 9 10 11 12
 The student will be enrolling as a full-time part-time student.

Previous School Information

Type of Previous School: Public Private Home school Charter Parochial
 Combination public school/home school Not in school/other

Name of Last School Attended: _____ Phone: _____

City of Last School _____ State: _____

Current School District of Residence: _____ Student ID #: _____

Parent/Guardian Information

Parent/Guardian 1: _____
Last First M.I.

Relationship to Student: _____ Legal Guardian? Yes No

Mailing Address: _____
Street Address Apartment/Unit #

_____ City State Zip Code

Home Phone: () _____ Alternate Phone: () _____

Email: _____

Best time to contact Morning (8:00 am–12:00 pm ET) Afternoon (noon – 5:00 pm EST)
 Evening (5:00 pm – 8:00 pm EST) Late Evening (8:00 pm – 11:00 pm EST)

Parent/Guardian Information (continued)

Parent/Guardian 2: _____
Last First M.I.

Relationship to Student: _____ Legal Guardian? Yes No

Parent/Guardian 2
 Mailing Address: _____
Street Address Apartment/Unit #

Home Phone: () _____ Alternate Phone: () _____
City State Zip Code

Email: _____
 Morning (8:00 am–12:00 pm ET) Afternoon (noon – 5:00 pm EST)
 Best time to contact Evening (5:00 pm – 8:00 pm EST) Late Evening (8:00 pm – 11:00 pm EST)

How did you hear about us? (Please select one)

- | | |
|--|--|
| <input type="checkbox"/> Guidance counselor or other school employee | <input type="checkbox"/> Other online advertisement |
| <input type="checkbox"/> Referred by another parent | <input type="checkbox"/> Press release or news story |
| <input type="checkbox"/> Referred by another student | <input type="checkbox"/> Event or open house |
| <input type="checkbox"/> Direct mail | <input type="checkbox"/> Radio ad |
| <input type="checkbox"/> Email | <input type="checkbox"/> TV ad |
| <input type="checkbox"/> Google search | <input type="checkbox"/> Ad in newspaper or magazine |
| <input type="checkbox"/> Other search engine | <input type="checkbox"/> Kaplan employee |
| <input type="checkbox"/> Social networking website | <input type="checkbox"/> Other |

Comment Section

Provide any additional information you believe will help us meet the educational needs of your child.

Signing your name below and submitting the application indicates that:

- 1) All information contained in the application is complete and factually correct
- 2) That if the student enrolls, the student and parent/guardian will abide by the Student Handbook
- 3) Please be advised that the submission of this application does not guarantee acceptance into the school.

Parent/Guardian Signature: _____ Date: _____