



Application for Admission

Thank you for your interest in Ashley Academy. Please complete an application form for each child seeking admission.

Please note: There is a non-refundable one time application fee of \$50.

Student Information

Student's Full Name: _____ Grade applying for _____ School Year: _____

Prefers to be called: _____ Age: _____ Sex: _____ Date of birth: _____

Address: _____ Name of last school attended: _____

City, State, Zip: _____ How did you hear about us? _____

Home phone: _____

Family Information

Parent/Guardian #1

Dr. Mr. Mrs. Ms.

Name: _____

Relationship to Applicant: _____

Custodial Rights: Yes No

Financial Responsibility: Yes No

Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Occupation _____

Employer _____

Parent/Guardian #2

Dr. Mr. Mrs. Ms.

Name: _____

Relationship to Applicant: _____

Custodial Rights: Yes No

Financial Responsibility: Yes No

Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Occupation _____

Employer _____

Applicant's Siblings

Sibling Name: _____ Age: _____ Grade: _____ School: _____

Sibling Name: _____ Age: _____ Grade: _____ School: _____

