

FOR DREXEL ACADEMY USE ONLY

DATE/TIME RECEIVED: _____

LOTTERY # _____



Student Application Form 2016—2017

Drexel Academy serves all students no matter what their race, ethnicity, ancestry, country of origin, language spoken, religion, gender, sexual orientation, or academic ability. We believe that all children can learn and we take an individualized approach to each student's development.

An application must be completed for each student who is applying. Please complete the **ENTIRE** application. **INCOMPLETE** applications cannot be entered into the database. An incomplete application may prevent a student from being enrolled.

NOTE: Any waiting list generated by lottery is valid only for the current year.
A new waiting list is created each year.

Student Application Information:

Student Name _____

Birth Date: _____

Grade Level for 2016-2017 School Year K 1 2 (Please Circle)

Sibling Information

Sibling Name _____

Sibling Grade Level for 2016-2017 School Year K 1 2 (Please Circle)

Parent/Guardian Information:

Parent Name(s) _____ Email _____

Work/Cell Phone _____ Home Phone _____

Address: _____

City: _____ State: _____ Zip Code: _____

I affirm that all the information provided on this form is true and accurate:

Print Name: _____

Signature of Parent/Guardian: _____

Send or bring the completed application to: Drexel Academy

