FOR DREXEL	ACADEMY	USE ONLY
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DATE/TIME RECEIVED: __

COMMENTS:



STUDENT APPLICATION FORM

Drexel Academy serves all students no matter what their race, ethnicity, ancestry, country of origin, language spoken, religion, gender, or sexual orientation. 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 and submit at \$25 enrollment fee. INCOMPLETE applications cannot be entered in the database. An incomplete application may prevent a student from being enrolled.

January 11-25 Priority Enrollment—Current student families & siblings (Required each new school year) Open Enrollment after January 25th—Requires scheduling of screening (Mondays 3-5)

STUDENT OPENINGS

PRE-K—10 SPOTS *must be 4yo by August 1 st AND be toilet trained *NOTE: any wa	KINDERGARTEN *must be 5yo by August 1 st iting list generated is valid	FIRST GRAD		OND GRA		THIRD GRADE	FOURTH GRADE	
Student Application Int Student Name Grade Level for 2017						e of Birth Please Circle)		
Sibling Information: Sibling Name					Date	of Birth		
Sibling Grade Level f	or 2017-2018 School	Year PK	К 1	2	34	5 (Please C	ircle)	
How did you find Drex	nation:			Email				
Home/Cell Phone			Work Phone					
Address							_	
City		Sta	ate		_ Zi	p Code		
I affirm that all the information provided on this form is true and accurate.								
Print Name			Signatur	e				
Send or bring completed ap	oplication to: Drexel Acade 1 W 36 th St N, Tulsa, OK 741	STE 3						