

**Scottsdale Academy
Admission Application
2009-2010**

Student Information

Student's Name: _____ Birth Date: _____

Street Address: _____ City: _____ Zip: _____

Mother's Name: _____ Father's Name: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Family E-mail Address: _____

School Last Attended: _____

Allergies: _____

Student Age: _____ Years _____ Months

Program Desired:

_____ Three day _____ M _____ T _____ W _____ Th _____ F

_____ Four day

_____ Five day

_____ Extended day (3:15 – 5:30)

_____ Beethoven (1-2) _____ Mozart (2-3)

_____ Monet (3-4) _____ Picasso (3-5)

I understand that this is for application purposes only, and that acceptance is not guaranteed. I have been given a copy of the school policies and fully understand them. Scottsdale Academy maintains sole discretion in the placement of my child(ren).

Parent Signature

Date