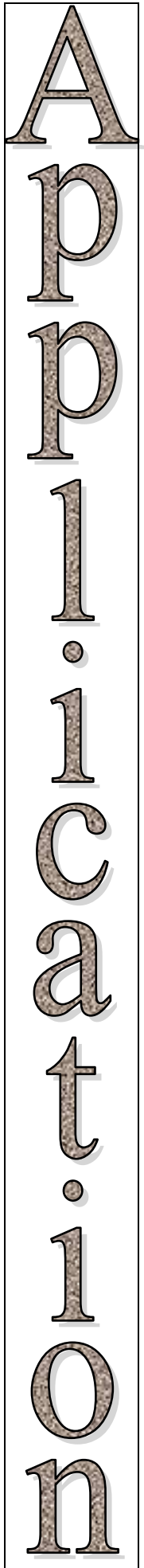




ACADEMICS PLUS CHARTER SCHOOL

900 Edgewood Drive
Maumelle, AR 72113
(501)851-3333



APPLICATION FOR ADMISSION

Year of Proposed Enrollment: _____ Term: Fall Spring

Applying for Grade: _____

APPLICANT INFORMATION

First Name _____ Middle Name _____ Last Name _____

Address _____ City _____ State ____ Zip _____

Student's Home Phone _____ Student's Cell Phone _____

Social Security Number _____ Date of Birth (M/D/YY) _____ Age ____

Student's email _____ Male Female

Present Grade ____ Present School _____

FAMILY INFORMATION

Father's Name _____ Cell Phone _____

Home Address (if different from applicant) _____

Home Phone (if different from applicant) _____

Employer _____ Employer Phone _____

Father's email _____

Mother's Name _____ Cell Phone _____

Home Address (if different from applicant) _____

Home Phone (if different from applicant) _____

Employer _____ Employer Phone _____

Mother's email _____

Check if appropriate: Father Deceased Parents Divorced Father Remarried
 Mother Deceased Parents Separated Mother Remarried

OPTIONAL INFORMATION

Ethnic/Racial Background African-American Asian-American Hispanic/Latino Caucasian
 Middle Eastern Native American Other



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APPLICANT'S EDUCATION

Name of Current School _____ Dates of Attendance _____

Address _____ City _____ State ____ Zip _____

School Contact Person _____ Phone _____

Previous Schools

Name _____ Location _____ Dates Attended _____

Name _____ Location _____ Dates Attended _____

SIBLINGS

Attend(ed) APCS

Applying to APCS

Name _____ Age ____ Grade ____ Yes No Yes No

Name _____ Age ____ Grade ____ Yes No Yes No

Name _____ Age ____ Grade ____ Yes No Yes No

Name _____ Age ____ Grade ____ Yes No Yes No

EMERGENCY CONTACT

Primary Name _____ Relation _____ Phone _____

Secondary Name _____ Relation _____ Phone _____

PICKUP/DROPOFF LIST (Student can be released to these names ONLY)

1. Name _____ Relation _____ Phone _____

Address _____ City _____ State ____ Zip _____

2. Name _____ Relation _____ Phone _____

Address _____ City _____ State ____ Zip _____

3. Name _____ Relation _____ Phone _____

Address _____ City _____ State ____ Zip _____

Parent Signature _____ Date _____



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Student Name _____ Grade applying for _____

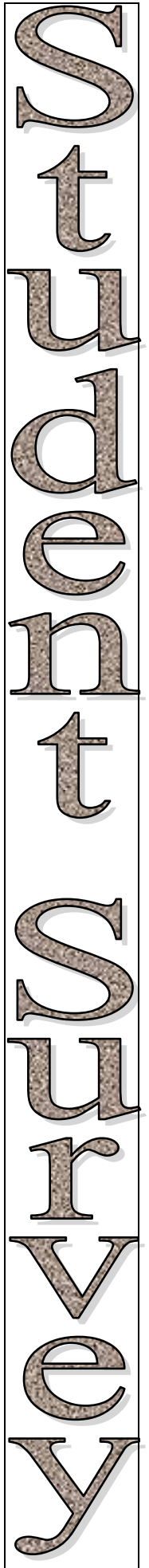
In order to enroll a student at Academics Plus Charter School, the parent(s) or legal guardian(s) and potential student are required to complete this form, sign and return it to the admissions office. This information will remain confidential.

PLEASE EXPLAIN ANY YES ANSWERS ON THE BOTTOM OF THIS PAGE

Yes No

- 1. Has the student ever been suspended, asked to withdraw or expelled from school or assigned to an alternative learning center or rehabilitation program?
- 2. Is the student currently ineligible to re-enroll in the school from which he/she is transferring?
- 3. Has the student ever been diagnosed as having Attention Deficit Disorder or any other learning disability?
- 4. Is the student now, or has he/she ever been, in consultation with a counselor, diagnostician or doctor concerning emotional or behavioral problems?
- 5. Does the student have a current IEP, 504 Plan or other SPED form on file?
- 6. Has the student ever been charged with the possession or use of illegal drugs or controlled substances?
- 7. Has the student ever been involved in, or the victim of, gang or cult related activities?
- 8. Has the student ever been accused of, or involved in, the possession of a dangerous weapon(s)?
- 9. If applicable, has the student ever had his/her driver's license suspended or revoked or been charged with Driving While Intoxicated, Driving Under the Influence or Minor in Possession?
- 10. Has the student ever been arrested or convicted by any civil authorities, including juvenile courts?

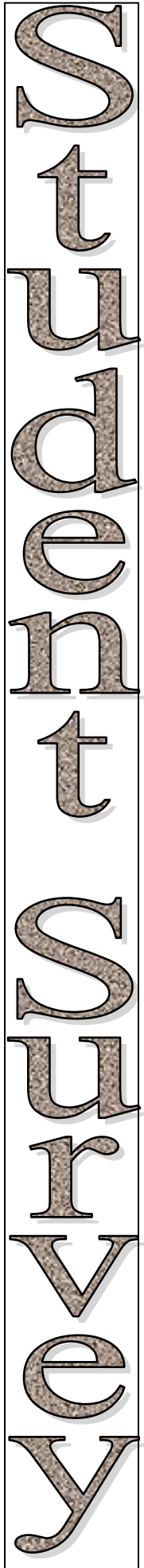
Comments:





ACADEMICS PLUS CHARTER SCHOOL

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Maumelle, AR 72113
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Please list student's club, organization and co-curricular activities _____

Primary reason for wishing to attend Academics Plus Charter School _____

I became aware of Academics Plus Charter School through:

- Personal Recommendation
- Newspaper/Magazine Ad
- Web Site
- Other _____

REQUIREMENTS FOR ADMISSION

- Must meet minimum/maximum age requirements
- Must provide copy of birth certificate and shot records
- Must be able to provide own transportation to and from school

Academics Plus Charter School recognizes that quality educational opportunities for all families in Central Arkansas will enable students to compete and excel, both locally and nationally. By raising the bar at all grade levels through a highly focused curriculum to improve academic success, our students will leave high school "college ready".

If this application is accepted, I agree to abide by and honor the principles and policies of Academics Plus Charter School.

We agree to the immediate dismissal of this student from school for any misstatement or omission of information on this form.

Student Name _____ Date _____

Parent/Guardian Signature _____ Date _____

APCS SCHOOL PHOTO/QUOTE/DEMOGRAPHICS INFORMATION AGREEMENT

I/We hereby grant permission for APCS to take/use my student's photo in school materials and promotions. Yes No

I/We hereby grant permission for APCS to release demographic information on my student to the public. Yes No