



15750 Vineyard Blvd, Suite 170 • Morgan Hill, CA • 95037  
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 www.extremelearningcenter.com

OFFICE USE ONLY		
App. Fee	<input type="checkbox"/>	ELA \$150
Date	Check No	
Visit _____		
Other Fees:		
Amount	Date	Check No

## ENROLLMENT FORM: STUDENT INFORMATION

STUDENT:			PRIMARY ADDRESS:		
			STREET		
FIRST	MIDDLE	LAST			
PREFERRED NAME		BIRTHDAY	CITY	STATE	ZIP
		GENDER			
		<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	HOME PHONE		

## HOME INFORMATION

<b>MOTHER'S INFORMATION:</b> <small>For families with more than one household, please complete a separate form for each household.</small>		<input type="checkbox"/> Check to omit from school directory	<b>FATHER'S INFORMATION:</b> <small>For families with more than one household, please complete a separate form for each household.</small>		<input type="checkbox"/> Check to omit from school directory	<b>EMERGENCY CONTACTS:</b> <small>In case of emergency when parents cannot be reached, call the following person(s).</small>
Name:			Name:			Contact Person 1
FIRST	LAST		FIRST	LAST		Relationship
Address:			Address:			Phone
STREET:			STREET:			Contact Person 2
CITY	STATE	ZIP	CITY	STATE	ZIP	Relationship
Home Phone			Home Phone			Phone
Work Phone			Work Phone			Doctor
Mobile Phone			Mobile Phone			Phone
E-Mail			E-Mail			Health Concerns:
Employer			Employer			
Position			Position			

## GRADE OF INTEREST

GRADE LEVEL INTEREST (Please Circle)					
6 <sup>th</sup> Grade	7 <sup>th</sup> Grade	8 <sup>th</sup> Grade	9 <sup>th</sup> Grade	10 <sup>th</sup> Grade	11 <sup>th</sup> Grade

Is there any additional educational testing that has been done since your student's original enrollment date?    No    Yes *(If yes, please provide additional information)*

## OTHER CHILDREN IN THE FAMILY

*Not Currently Enrolled*

NAME	BIRTHDATE	GRADE	CURRENT SCHOOL

## ADDITIONAL COMMENTS OR NOTES


## IMMUNIZATION NOTICE

The California School Immunization Law requires that children be up-to-date on their immunizations (shots) to attend school or childcare. Parents must provide proof of immunizations. Your child may be exempt from some or all immunizations by a doctor because of a medical condition or due to personal religious beliefs, however, these circumstances must be detailed and signed off on health records. Children cannot by law be admitted to class without an up-to-date immunization record or signed waivers on file in the school office.

## APPLICATION FOR ENROLLMENT

Extreme Academy admits students of any race, religion, color, or national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. EA does not discriminate on the basis of race, religion, color, or natural and ethnic origin in the administration of its educational policies, scholarships, loan programs, athletic or other school administered programs.

**A non-refundable application fee is due with this application.**  \$150.00

Upon acceptance into Extreme Academy, a non-refundable curriculum fee is due.

By Signing below, I acknowledge that I have carefully reviewed the information contained herein and that the information is true and accurate. Furthermore, I understand that enrollment at Extreme Academy signifies a willingness to abide by the standards of the Extreme Academy policies.

SIGNATURE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ DATE \_\_\_\_\_

*Thank you for your interest in Extreme Academy.*



## PARENT QUESTIONNAIRE

(All questions must be completed and submitted along with the Extreme Academy Enrollment Form)

Why do you feel that your child is a fit for Extreme Academy?

What is it that you are looking for in a school?

Describe your child's strengths and challenges as they related to learning:

# Student Questionnaire

(all questions must be completed)

Describe the type of student that you are, including what are your strengths and challenges at school.

Do you see yourself as a successful student at Extreme Academy and why?

What are your hobbies and interests outside of school?