



25732 Taladro Circle  
 Mission Viejo, CA 92691  
 Phone: (949) 829-9037  
 Fax: (949) 829-9039

# Silverleaf Academy of Arts and Sciences

## Application for Admission

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Student's Last First Middle

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ (Mo Day Yr) Current Grade: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street & Number City State Zip

Parent/Guardian's Name(s): \_\_\_\_\_

Emergency Contact & Telephone Number: \_\_\_\_\_

Applicant lives with (check one): Both parents \_\_\_ Father \_\_\_ Mother \_\_\_ Grandparent \_\_\_ Other (note) \_\_\_\_\_

Applicant's parent(s) are: Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Single \_\_\_

Father's Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First M.I.

Occupation: \_\_\_\_\_ Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street & Number City State Zip Cell

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Only if different from above) Street & Number City State Zip

Mother's Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First M.I.

Occupation: \_\_\_\_\_ Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street & Number City State Zip Cell

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Only if different from above) Street & Number City State Zip

Billing Address: (If different from student's address)  
 Mr./Mrs./Dr. \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Billing Address City State Zip Relationship to Applicant

Please name all schools student has attended and indicate the years of attendance:

Current School: \_\_\_\_\_ (Dates Attended) \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street & Number City State Zip

School: \_\_\_\_\_ (Dates Attended) \_\_\_\_\_ to \_\_\_\_\_

School: \_\_\_\_\_ (Dates Attended) \_\_\_\_\_ to \_\_\_\_\_

School: \_\_\_\_\_ (Dates Attended) \_\_\_\_\_ to \_\_\_\_\_

Name of Siblings: \_\_\_\_\_  
Grade/Age                      Current School                      Grade/Age                      Current School

Primary Language Spoken at Home: \_\_\_\_\_

Please check if you are interested in discussing a financial scholarship: \_\_\_\_\_

Applicant's Academic Strengths: \_\_\_\_\_  
\_\_\_\_\_

Has the applicant been evaluated for any of the following? (If yes, please attach an explanation on a **separate sheet** of paper and provide professional documentation/reports.)

|                                    |            |                      |            |
|------------------------------------|------------|----------------------|------------|
| Learning Differences:              | Yes__ No__ | Vision Problems:     | Yes__ No__ |
| Psychiatric/Psychosocial Problems: | Yes__ No__ | Behavioral Problems: | Yes__ No__ |
| Hearing Problems:                  | Yes__ No__ |                      |            |

Does the applicant take any prescribed medication or need any special medical attention? If yes, please explain on a **separate sheet** of paper, listing the condition and medication(s).

Have there been any situations in the applicant's life that the school should know about in order to meet her learning or developmental needs (i.e.: frequent moves, changes of school, death in family, divorce, etc.?)  
\_\_\_\_\_  
\_\_\_\_\_

Has the student ever been subject to major disciplinary action (suspension, expulsion or dismissal) in any school?  
Yes \_\_\_\_ No \_\_\_\_ (If yes, explain and attach on a **separate sheet** of paper.)

Extracurricular interests, abilities, achievements, musical abilities or interest:  
\_\_\_\_\_  
\_\_\_\_\_

Please attach a sample of the applicant's writing on a **separate sheet** of paper.

Please read and sign before submitting your application for review:

I certify that the information given above is complete and accurate. I understand that failure to disclose information about the applicant's medical, educational or emotional history may affect Silverleaf Academy's admission decision. The school reserves the right to reverse their decision, even after acceptance and enrollment, if such information has been withheld.

I have also enclosed the \$200 non-refundable application fee.

Applicant's Signature: \_\_\_\_\_  
Date

Mother/Guardian Signature: \_\_\_\_\_  
Date

Father/Guardian Signature: \_\_\_\_\_  
Date

**Thank you for your application for admission!**

**Please submit to Silverleaf Academy.**