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Check one:				pplication			no
(Please print or type.)			00.00			1900	
Student's full legal name	Last			First		Middle	
Grade 2015-16 (circle one)	6 7 8 9 10 11	12					
Gender	Age Race			SSN (required for enrollment)		Birth date	
Custodial parent(s)' name(s)	l	1					
Complete home address	Street						
	City	State		Zip			
Home phone				Email address			
Father's employer	Daytime phone			l phone	Er	Email address	
Mother's employer	Daytime phone			l phone	Er	mail address	
Is student currently in the gifted program? Yes Check one.				No			
School attended during 2014	-2015?						
List all school, community, o Please be very specific and a				outh club activities in	which	you have participated.	
List any awards and honors y	ou have received. (I	Do not inclu	ıde qua	rterly honor roll.)			
Please list the names and con recommendation form to each the address at the bottom of t	h teacher with the re	equest that t	he forn orms n	ns be mailed directly t must be received by A	the S	Scholars Academy using	
Reference #1			Refere	nce #2			
Student signature		Date	Parent	signature		Date	
<ul> <li>Please attach copies</li> <li>Students who are ac along with the accep</li> <li>In the event that I am not accepted at a statement of the statement of thet</li></ul>	ccepted into the Scl ptance letter.	holars Aca	demy v	vill receive a registra	tion fo	orm for choosing classes	;
	1			· · · · · · · · · · · · · · · · · · ·			

AIMS application.