



EAST LAKE ACADEMY

A Roman Catholic School of Academic Excellence

13911 W. Laurel Drive
Lake Forest, IL 60045
Office (847) 247-0035 Fax (847) 247-1937
www.eastlakeacademy.org



Attach recent picture of applicant here.

APPLICATION FOR ADMISSION

Sibling at East Lake Academy? _____

Today's Date: _____

Have you applied to East Lake Academy before? _____

Grade Applying To: _____

I hereby make application for my daughter () for grade _____ beginning August _____ (year).
son ()

Name of Student _____ Nickname _____
Last First Middle

Age _____ Birth Date: _____ Place of Birth _____ S.S.#: _____

Parent Information

Father	
Title: (Mr., Dr.)	_____
Father	_____
	<i>Last / First / M.I.</i>
Address	_____
City, State, Zip	_____
Home Phone	_____ Work _____
Cell Phone	_____ Work _____
E-Mail Address	_____
Subdivision	_____
County	_____
Place of Birth	_____
Occupation	_____
Employer	_____
Employer Address	_____
Education	_____ (Highest Degree)
Religion	_____
Parish	_____
Social Security #	_____
U.S. Citizen:	_____
Marital Status:	_____
	Married _____ Separated _____ Divorced _____
	Remarried _____ Annulment _____

Mother	
Title: (Mrs.,Ms.,Dr.)	_____
Mother	_____
	<i>Last / First / M.I.</i>
Address	_____
City, State, Zip	_____
Home Phone	_____ Work _____
Cell Phone	_____ Work _____
E-Mail Address	_____
Subdivision	_____
County	_____
Place of Birth	_____
Occupation	_____
Employer	_____
Employer Address	_____
Education	_____ (Highest Degree)
Religion	_____
Parish	_____
Social Security #	_____
U.S. Citizen:	_____
Marital Status:	_____
	Married _____ Separated _____ Divorced _____
	Remarried _____ Annulment _____

Student lives with: Parents Mother Father Other _____

Race / Ethnic Group: Caucasian Black Hispanic American Indian
 Asian Other _____

Adopted: _____ Date _____ Age When Adopted _____

Religion: Catholic Other _____

Baptized: Yes No Date _____ Church _____

Religion baptized in: _____

Reconciliation: Yes No Date _____ Church _____

City/ State _____

First Communion: Yes No Date _____ Church _____

City/ State _____

Confirmation: Yes No Date _____ Church _____

City/ State _____

How did you learn about East Lake Academy?

Names / Ages / School of all children in family:

Name (First / Last):	Age:	Current School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list all schools attended by the applicant beginning with current school:

Name of School	City / State / Zip	Grades Attended	Reason for Leaving
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Student's Last Name: _____

First Name _____

Does your child take any medication on a regular basis? _____ Yes _____ No

If yes, please list medication(s), dosage, times given: _____

Does your child have any health problems: (For example: allergies to foods, medicine, or bee stings, diabetes, asthma, epilepsy, seizures, etc.) If yes, please explain: _____

Has your child taken Ritalin or any other similar medication? _____ Yes _____ No

If Yes, Medication? _____

Are there any situations or pertinent information, which we should know in order to further understand your child? Please explain: _____

Doctor Name: _____

Phone: _____

Dentist Name: _____

Phone: _____

Emergency Contact: _____

Phone: _____

Relationship to Child: _____

Cell: _____

Emergency Contact 2: _____

Phone: _____

Relationship to Child: _____

Phone: _____

To help us keep all information current,
please notify the school when any information needs to be updated.

Student's Last Name: _____

First Name _____

PARENT QUESTIONNAIRE

What would you say are your child's main qualities, strengths, or talents (academically, socially, physically, and/or morally)?

Is there any physical condition that would prevent the applicant from full participation in physical education or recess programs? (Explain)

Has the applicant ever been referred for professional, psychological, or personal counseling? (Explain)

Based on your knowledge of East Lake Academy and our philosophy "To Teach, To Educate, To Form" why are you seeking to educate your child here?

What activities do you enjoy or do regularly as a family? (Include church activities.)

Student's Last Name: _____

First Name _____

I agree that the information submitted by third parties in connection with this application can be held confidentially by East Lake Academy.

I agree that East Lake Academy can maintain such information confidentially and not disclose it even to me until the information is released by the third party who provided the information to East Lake Academy.

I guarantee that all information submitted by me herein is true and correct.

PARENT (or guardian) SIGNATURE(S):

Date: _____

Date: _____

Thank you and God Bless!

NON-DISCRIMINATION POLICY:

East Lake Academy admits students of any race, color, national, and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national, and ethnic origin in the administration of its education policies, admissions policies, scholarship and loan programs, and athletic and other school administered programs.

Student's Last Name: _____

First Name _____